. . . 1895 . . .

Twenty-Eighth
Annual
Report . . . . .

of the . . .

California Woman's Hospital

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Connecte... ds, and patients are kept
as much as pos... te buildings, is arranged
and furnished ... us invalids; and for the
treatment of di...

Electricity is used in its several forms, and hot, cold and medicated and steam baths (together with massage), are given to those desiring them, a special building being devoted to these purposes. This department is under the direct care of a physician, who has devoted his time especially to this branch.

All correspondence should be addressed to

W. S. WHITWELL, M. D.,
SAN MATEO.

Office, Mills Building, San Francisco.

During the past years patients have been recommended to the Hospital by many prominent physicians. Among these are the following:

DR. L. C. LANE, San Francisco.
DR. F. W. HATCH, Agnews.
DR. W. S. THORNE, San Francisco.
DR. LOUIS BAZET, San Francisco.
DR. C. C. WADSWORTH, San Francisco.
DR. BEVERLY MCMONGALE, San Francisco.
DR. PAOLO DE VECCHI, San Francisco.
DR. H. G. BRAINERD, Los Angeles.
DR. WASHINGTON AYER, San Francisco.
DR. WM. A. EDWARDS, San Diego.

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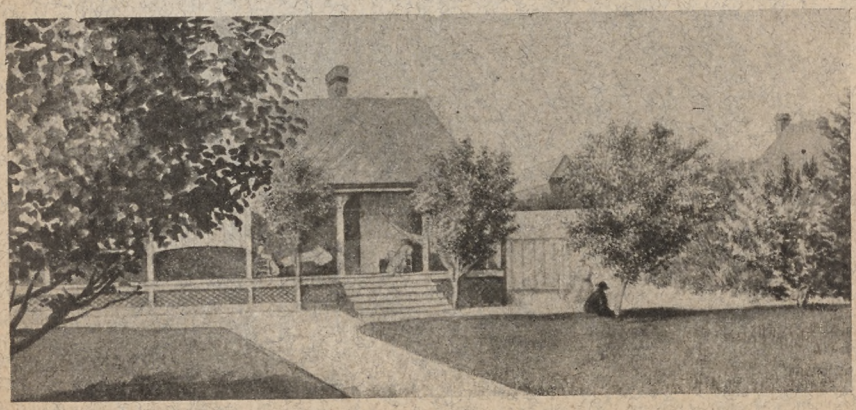

TWENTY-EIGHTH

ANNUAL REPORT

. . . OF THE . . .

California Woman's Hospital

FOR THE YEAR 1895.

Organized 1868. *Incorporated 1873.*

. . . HOSPITAL . . .

3118 Sacramento Street, between Baker and Lyon Sts.

SAN FRANCISCO, CAL.

SAN FRANCISCO:
PRESS OF BROWN, MEESE & CRADDOCK
1896.

California Woman's Hospital.

MEDICAL STAFF:

SURGEON IN CHARGE.

F. W. VOWINCKEL, M. D.

RESIDENT SURGEON.

L. F. GARRIGUES, M. D.

VISITING SURGEONS.

O. O. BURGESS, M. D.
W. WINTERBERG, M. D.
F. FEHLEISEN, M. D.
L. L DORR, M. D.
W. R. CLUNESS, M. D.
C. RENZ, M. D., OAKLAND.
W. A. BRIGGS, M. D., SACRAMENTO.

VISITING OCULIST.

WM. E. HOPKINS, M. D.

PATHOLOGIST.

JOHN C. SPENCER, M. D.

INTERNE.

E. BARRY, M. D.

EXTERNE.

W. H. WINTERBERG, M. D.

SWEDISH GYMNAST.

MISS H. S. A. PAMLIH.

382382

California Woman's Hospital.

TRUSTEES.

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CHAS. F. CROCKER, - - - - VICE-PRESIDENT
ABRAHAM HALSEY, - - SECRETARY AND TREASURER
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W. F. GOAD ISIDORE BURNS GEO. W. PRESCOTT
J. M. McDONALD MAURICE A. ROTHCHILD

CONSULTING ATTORNEY.

T. B. BISHOP.

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MRS. C. B. ALEXANDER, - - FIRST VICE-PRESIDENT
MRS. J. H. HATCH, - - - SECOND VICE-PRESIDENT
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MRS. H. M. J. McMICHAEL MRS. G. E. BUTLER
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MRS. ALBERT GALLATIN, MRS. GEORGE BUTLER

PURCHASING COMMITTEE.

MRS. A. N. TOWNE, MRS. J. H. HATCH, MRS. G. E. BUTLER

SUPERINTENDENT OF NURSES.

MISS ALICE A. HALL

MATRON.

MISS CHRISTINE WILSON

California Woman's Hospital.

NAMES OF NURSES GRADUATED.

1. Miss FRANCES HIRSCHEY
* 2. Miss BERTHA WEED
3. Miss ADA DOUGLAS
4. Miss JEAN WILLS
* 5. Miss AGNES BREWER
6. Miss BESSIE MOORE
* 7. Miss ARTIE GRIEST
8. Miss GENEVIEVE COOK
9. Miss LOUISE WILLIS
10. Miss CAROLINE WILLIAMS
11. Miss ELIZA L. BIGLOW
12. Miss SARAH BROWN
*13. Miss FLORA DUNNIGAN
14. Miss LULU O. COVELL
15. Miss FRANCES E. HURD
16. Miss AUGUSTA CUTTEN
17. Miss EDITHA SLATER
18. Miss KATE McELWEE
19. Miss LOUISE WILLIAMS
20. Miss LILLA LOCKE
21. Miss LELIA T. MILLS
22. Miss LAURA B. WILLIAMS
23. Miss CLARA T. NORTHON
24. Miss ELLA BARKER
25. Miss EVA M. LEWIS
26. Miss LILA HURD
27. Miss ALICE MORDECAI
28. Miss SOPHIE J. BATTURS
29. Miss AGNES M. FOSTER
30. Miss SARAH A. FERGUSON
31. Miss BLANCHE JOHNSON
32. Miss HELEN F. RICE
33. Miss GRACE E. SULLY
34. Miss AGNES D. THEE
35. Miss MARY McGILL
36. Miss THERESA SMITH
37. Miss SOPHIA HEBEISN
38. Miss ADELINE SMITH
39. Miss ALBERTIE E. RIDLEY

NAMES OF UNDERGRADUATES.

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2. Miss CAROLINE M. PRATT
3. Miss NINA FISH
4. Miss M. T. THOMPSON
5. Miss GRACE WHITE
6. Miss SUSAN B. HAYES
7. Miss ALICE HOCHHOLZER
8. Miss LOUISE IGO
9. Miss LAURA JOHNSON
10. Miss ADELINE MILLER
11. Miss MINNIE SCHAW
12. Miss HELEN ANDERSON
13. Miss LULU STEFFENS
14. Miss MAMIE WILLIAMS

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* Married since graduation.

Honorary President, - MRS. A. N. TOWNE.

HONORARY MEMBERS.

IRVING M. SCOTT, Esq.
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Mrs. C. P. HUNTINGTON
Mr. JOHN WRIGHT
*Mrs. B. B. REDDING
*Mrs. D. F. NEAL
*Mrs. CHARLES CROCKER
Mr. GEORGE H. SANDERS

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PETER SPRECKELS, Esq.
CLAUS SPRECKELS, Esq.
*C. ADOLPH LOW, Esq.
E. P. MURPHY, Esq.
*D. T. MURPHY, Esq.
*CHAS. CROCKER, Esq.
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J. M. McDONALD, Esq.
*CHAS. LUX, Esq.
HORACE L. HILL, Esq.
*S. P. DEWEY, Esq.
*LOUIS McLANE, Esq.
A. B. McCREERY, Esq.
*S. MOSGROVE, Esq.
*WM. S. O'BRIEN, Esq.
L. KILGOUR, Esq.
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ANDERSON FOWLER, Esq. (N.Y.)
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Mrs. JONAS MEYER
Mrs. J. C. SIMON
A. L. TUBBS,
A. HALSEY
F. W. VOWINCKEL, M. D.

*Deceased.

Endowments.

A donation of five thousand dollars entitles the donor to nominate patients to a free bed in perpetuity.

A donation of three thousand dollars entitles the donor to a like privilege during the life of the donor and the life of a successor, or for two lives.

FORMS OF ENDOWMENT OF BEDS FOR INVALIDS.

Know all Men by these Presents, That the CALIFORNIA STATE WOMAN'S HOSPITAL, for and in consideration of the sum of THREE THOUSAND DOLLARS, contributed by
to the funds of said Hospital, and in pursuance of an agreement so to do, DOES HEREBY GRANT to said
during his lifetime, and after his death to his assigns appointed by will, or otherwise, in writing, during the life of said assignee, the right to nominate and send to said Hospital, A PATIENT, BEING A PROPER SUBJECT FOR TREATMENT IN SAID HOSPITAL, according to the rules of the Institution, to OCCUPY A BED IN SAID HOSPITAL, AND TO RECEIVE THE USUAL CARE, MEDICAL, SURGICAL AND OTHER ATTENDANCE, AND MEDICINE AND BOARD, FREE OF CHARGE; said patient to be at all times subject to the Rules and Regulations and management of the Hospital for the time being, and to be permitted to remain until cured, or until, in the opinion of the Medical Board of the Hospital, there shall be no reasonable prospects of her being cured by remaining in said Hospital.

In Witness Whereof, The said Hospital has caused its Corporate Seal to be hereto affixed, and these Presents to be subscribed by its President and Secretary, the . day of one thousand eight hundred and

.....

IN PERPETUITY.

of having contributed the sum of FIVE THOUSAND DOLLARS to the funds of the CALIFORNIA STATE WOMAN'S HOSPITAL, the Board of Managers DO HEREBY GRANT unto the said the right to nominate persons, from time to time, TO USE AND OCCUPY ONE BED IN THE COMMON WARDS OF SAID HOSPITAL, FREE OF CHARGE, in perpetuity; SAID PATIENTS TO BE PROPER SUBJECTS FOR TREATMENT, according to the current Rules and Regulations of said Hospital, and to be at all times subject to such rules and regulations.

In Witness Whereof, The Corporate Seal of said Hospital is hereto affixed, and the same attested by its this
day of A. D. 189 .

.....

1885	MRS. E. B. CROCKER	$5,000	In Perpetuity
1886	MRS. CHARLES CROCKER	$3,000	For two lives
1888	MRS. C. P. HUNTINGTON	$3,000	For two lives

TO THE PUBLIC.

The new Annex to the Hospital, which has been in course of construction for eighteen months past, is now completed.

It has on the first floor a large general sitting room for patients; an examination, and waiting rooms for persons attending the free clinics held twice in each week.

On the second and third floors are six sunny and handsomely furnished rooms, for private patients; two rooms for doctors; a large dormitory for nurses; three bath rooms; numerous closets, and other conveniences required.

It contains, also, the new surgery, etherizing, sterilizing, microscopical, and doctors dressing rooms—a more extended description of which—it seems proper to present to the public, in order that those persons, who may have occasion or necessity to enter a hospital for treatment, may be informed of the aseptic and other advantages afforded in this institution.

The walls of these surgical rooms are wainscotted and their floors laid with a peculiar and rare volcanic stone. The entire walls of the surgery are covered with this stone; the ceiling is of glass; the doors of enamelled metal, and all the water pipes and faucets are nickel plated.

Electrical lights, both stationary and movable, of the very latest and best styles for surgical operations, have been provided.

By means of a large boiler, engine, and two Sturdevant fans located in the basement, fresh air heated to the required temperature, is forced into the private and operating rooms, and thence exhausted with any impurities into the smoke stack.

In the surgery and operating rooms, the fresh air (heated as may be required), is driven by one of the blowers through a filter of sterilized cotton, and exhausted by the other fan, through properly located exhaust ducts, and conveyed to the smoke stack.

The system is so devised, and the machinery is of such power and capacity, that the entire air in the surgery can be maintained at an even, regular temperature, and completely renewed or changed in a few minutes.

Substantial iron tanks are located in the attic, in which condensed water in abundance, is made, cooled and boiled again before use in the surgery.

Concealed pipe connections are so made that all water pipes leading to the surgery can be cleansed with steam, and in fact every precaution has been taken to secure the best aseptic conditions possible.

The sterilizing room is provided with the very latest improved sterilizers, on nickel-plated stands, steam connections with boiler, and ample wash basins and sink, with all water pipes and faucets nickel plated.

The entire cost of the annex, including grading lot and furnishing, has been $30,000.

In 1888 some of the lady managers began soliciting funds to be used in the erection of an "Annex" to the Hospital and a much-needed surgery with all necessary appliances.

As the result, the following contributions toward a Building Fund were obtained:

1888	From Mrs. Mary A. Crocker	$ 5,000 00	
1889	" Mrs. C. B. Alexander	5,000 00	
1889	" Mrs. C. P. Huntington	2,500 00	
1892	" Mrs. C. P. Huntington	3,000 00	
1894	" Mrs. C. B. Alexander	1,000 00	
1894–95	From the Mary A. Crocker Trust	10,000 00	
1895	From Mrs. C. B. Alexander	1,000 00	
	Total		$27,500 00

These generous donations placed in savings bank, with interest dividends received thereon, finally enabled the management to undertake and complete the erection of the present annex and surgery—the most important and necessary feature of the entire institution.

And in honor of the principal contributors to the Building Fund, by means of which this great and much-needed improvement was secured, the management has decided to designate the surgical and operating rooms, as "The Surgery erected by the generous donations of the Mary A. Crocker Trust."

RESOLUTIONS

Adopted at a regular meeting of the Board of Lady Managers.

WHEREAS, The new Surgery of the California Woman's Hospital having been completed; and

WHEREAS, The munificent donation of the Mary A. Crocker Trust Fund having so materially aided in its completion; therefore, be it

Resolved, That the Trustees and Managers of the California Woman's Hospital express their heartfelt thanks to the Trustees of the Mary A. Crocker Trust Fund, for their generous and timely aid, as well as for their constant subscriptions; and, be it

Resolved, That the Secretary of the Board of Managers be instructed to incorporate these resolutions in the annual report of the hospital, and transmit a copy to the Trustees of the Mary A. Crocker Trust Fund.

California Woman's Hospital.

This Hospital is devoted exclusively to the treatment of women.

It is open to all, irrespective of creed or nationality, and offers the comforts of a home in addition to surgical and medical treatment. The Woman's Hospital exists as a purely medical charity, and gives relief to three classes of patients.

First—To those who are destitute and unable to pay anything.

Second—To those whose means are too limited to enable them to pay for private medical attendance at home.

Third—To those who are able to pay for medical attendance and all Hospital charges, and prefer to enter the Hospital to avail themselves of the benefits of its appliances. These are known as private patients.

The first class receives all the benefits of this Hospital, including board and nursing, free of charge.

The second class is required to pay a moderate sum for board, while receiving medical attendance and ordinary nursing without charge.

The Surgeons and Staff receive no remuneration for their services in treatment of these two classes of patients; except the Resident Surgeon, who is a salaried officer.

Out-patients are also treated gratuitously by the Surgeon and Assistants.

For admission apply to the Lady Managers, the Superintendent of Nurses at the Hospital or to the Surgeons.

In order that the objects for which the California Woman's Hospital was established, and the nature of the work done, and the *charity* dispensed by it, may be *distinctly* understood, the managers deem it advisable that they should be clearly and explicitly stated.

There are now eight free beds for the reception of patients who contribute nothing toward their support, and who receive

board, nursing, medicines and medical attendance *free of charge.*

Each free patient represents an average cost to the Hospital of $35 a month; but in cases where serious operations are performed this cost is greatly increased, and the cost of the *free ward* may safely be stated at an average permanent charge of $350 per month.

There are, in addition, three endowed beds, making a total of eleven *free patients* who receive the benefits of the Hospital without any charge.

Eight beds are also set apart for patients at the moderate sum of $7.50 per week; and there are other beds at $10.00 per week, or more, according to the accommodations and attendance required.

A patient may be able to pay a moderate charge for board, and prefer to do so, and yet be unable to pay for private medical attendance at home, the cost of nurses and all the medical appliances her case requires. This Hospital accommodates that class of patients without charge for medical attendance.

The Hospital is also prepared to receive a number of *private patients*, who may make their own arrangements with any member of the Medical Staff for treatment, enjoy absolute privacy and thus avail themselves of the advantages afforded by skillful nurses and constant medical supervision, rather than remain at home or endeavor to secure these at any public hotel.

For some time the desire has been felt to reserve some rooms for obstetrical cases and thus to accommodate women who are unable to procure the necessary care and attention at home.

We have now made provision and are ready to accept women for confinement.

Two days in the week (Wednesday and Saturday, from 11 A. M. to 12 M.) advice and treatment are given by the Surgeon and Resident Surgeon to *indigent outside patients free of charge.*

The enlargement of the Hospital adds greatly to its efficiency, and it is hoped that a knowledge of the advantages it offers to suffering women may be extended all over the Pacific Coast.

All interested are cordially invited to visit and examine for themselves, the Trustees desiring it to be widely known and understood that it is an institution whose domestic affairs are managed by kind, generous, noble women for relieving the diseases of their sex.

Notice to the Public and to Patients.

The Lady Managers of the California Woman's Hospital having learned that owing to the existence of the word "State" in the name of this charity, much misapprehension exists as to its character, its means of subsistence, and the nature of the relief it affords, think it advisable to make the following statement, for the information of the public, and patients applying for admission:

They wish it to be understood that the Hospital is a *pure charity*; that it receives no State aid, and is in a measure dependent on *public contribution* for its support. It is therefore not a "State" institution in any sense, and the original incorporators made a great but unintentional mistake in not designating it "The Woman's Hospital of the State of California" which is its proper designation. To remedy this misnomer, the Trustees wish it to be named "The California Woman's Hospital," and will only retain the word "State" in their strictly official records, and by this designation it will be known in future.

All patients admitted to the Hospital, whether free, pay or private patients, are under the entire management of the Board of Trustees and Lady Managers.

The first two classes are the patients for whose relief the Hospital was founded, and for whose benefit it is carried on; but the Lady Managers deeply regret to learn that from time to time applicants have not hesitated to avail themselves of the relief this charity affords, who are *able to pay for the services of a medical man outside its walls*; and they feel that knowingly to sanction this practice would be an injury to the profession at large and a prostitution of the objects of a public charity.

Patients desirious of admission into the Hospital who are able to pay for medical services in addition to the Hospital

charges must enter *as private patients only*, and can select as their special medical attendant any member of the Medical Staff.

Should it be at any time found that in disregard of these regulations any patient, by misrepresentation of her circumstances, has obtained gratuitous medical relief, instant dismissal will be enforced.

The Lady Managers wish further to add that while the usual day and night nursing is furnished to boarders they must provide themselves with a private nurse in case a capital operation is performed or when the illness is so serious as to demand extra nursing.

PRICE LIST OF ROOMS.

Ward for the destitute	Free
" Eight beds each	$ 7.50 per week
Room Three " "	10.00 " "
" Two " "	12.50 " "
" One bed "	15.00 " "
" " " "	16.00 " "
" " " "	18.00 " "
" " " "	20.00 " "
" " " "	25.00 " "

According to Location and Size.

Medicines Extra to Paying Patients.

RULES AND REGULATIONS

OF THE

California Woman's Hospital.

I. This Hospital admits three classes of patients, viz:

1. Those who are destitute and unable to pay anything.
2. Those whose means are too limited to enable them to pay for medical attendance at home.
3. Patients desiring to place themselves under the exclusive care of some member of the Medical Staff are required to make all preliminary arrangements in regard to fees, etc., with the same prior to treatment.

N. B.—All pay patients requiring surgical operations will be subject to a charge sufficient to cover the expense of ether, dressing, etc.

II. Terms of board—From seven dollars and fifty cents ($7.50) per week and upwards, according to accommodations.

III. Board must be paid in advance for the first month; afterwards fortnightly, in advance. Any patient whose board shall be in arrears over one week will be required to leave. Patients remaining for short periods only shall pay not less than two dollars ($2.00) a day.

IV. Patients occupying free wards will not be permitted to intrude upon the pay patients; neither shall pay patients be allowed in the free wards.

V. Articles requested by a patient not usually provided will be charged as extras. Extra meals, 50 cents.

VI. No spirituous liquors or provisions of any kind shall be brought into the Hospital and given to patients except by permission of the Superintendent of Nurses or Surgeon.

VII. Extra nursing, if required, will be provided for boarders.

VIII. Patients well enough to take their meals at table are required to do so.

IX. Patients in the free ward, who are able, shall render such service as the Superintendent of Nurses may direct.

X. Lights must be extinguished at 9 P. M.

XI. Anything injured or destroyed by patients must be restored or paid for by them.

XII. Visitors are admitted every afternoon from 2 to 5 P. M. Male visitors can remain but twenty minutes in the wards, and no one can be admitted in the evening. Patients will receive male visitors in the reception room when well enough to do so.

XIII. No patient shall leave the hospital unless by permission of her physician, and no one shall be out after nightfall.

XIV. Any cause of complaint shall be made directly to the surgeon or superintendent of nurses; and in case of their inability to remove the difficulty, they shall report to the President of the Board of Lady Managers.

XV. Boarders will be charged a moderate price for medicines.

XVI. Patients will be visited daily by the surgeons or other medical officer in attendance.

XVII. The management will not be responsible for money or valuables unless deposited in the safe of the hospital.

Twenty-eighth Annual Report

—OF THE—

SURGEON IN CHARGE

—OF THE—

California Woman's Hospital.

To the President and Trustees of the California Woman's Hospital:

GENTLEMEN:—I submit for your consideration this, the twenty-eighth Annual Report of the California Woman's Hospital for the year ending December 31, 1895.

Four hundred and eighty-one cases have been treated during the past year, representing the following nationalities and religions:

American	280	Austrian	2
German	56	Italian	2
Irish	33	Portuguese	2
English	20	Finnish	2
French	20	Alsatian	2
Swedish	11	Australian	2
Swiss	8	Armenian	1
Canadian	6	Belgian	1
Russian	5	Dutch	1
Norwegian	5	Scottish	1
Danish	4	Hungarian	1
Mexican	4	Unknown	9
Polish	3		
Total			481

Protestant	265
Catholic	151
Hebrew	37
No Religion	28
Total	481

Patients remaining in Hospital from December, 1894	25	
Patients admitted during the year, free	56	
Patients admitted during the year, pay	148	
Total number of house patients		229
Patients discharged during the year, free	57	
Patients discharged during the year, pay	133	
Patients remaining December 31, 1895	33	
Deaths during the year	6	
Total		229
Out patients treated during the year		252
Total number of patients treated		481

STATEMENT SHOWING NUMBER OF PATIENTS EACH MONTH IN THE YEAR 1895.

	Out Patients Treated	Out Patients Admitted	Free Patients Treated	Free Patients Admitted	Free Patients Discharged	Pay Patients Treated	Pay Patients Admitted	Pay Patients Discharged	Deaths	Free Patients and Pay Patients remaining at end of the Month	Total Number of Cases Treated during the Month.
January	42	42	9	0	2	23	7	6	0	24	74
February	48	24	14	7	6	25	8	9	0	24	87
March	48	22	14	5	6	35	20	12	0	31	97
April	27	17	14	6	5	35	14	14	1	31	76
May	32	9	12	3	3	32	10	9	0	32	76
June	49	20	14	5	6	37	14	13	2	30	100
July	63	22	15	7	6	32	10	14	0	27	110
August	58	24	12	3	5	31	13	10	2	26	101
September	39	20	11	5	3	34	14	8	0	34	84
October	40	22	14	6	6	41	15	14	1	34	95
November	35	21	13	6	6	39	12	10	0	36	87
December	19	9	10	3	3	40	11	14	0	33	69
During the Year	252	252	65	56	57	164	148	133	6	*33	481

*Remaining at the end of the year.

SURGICAL OPERATIONS
PERFORMED IN HOSPITAL DURING THE YEAR 1895
By DR. VOWINCKEL.

ABDOMINAL SECTIONS.

	Number of Operations	Recovered	Died	
Hysterectomy for fibro-myoma.....	2	2	.....	
Supra-vaginal amputation of the uterus for fibro-myoma.....	9	9	.....	
Enucleation of fibro-myomata of uterus	1	1	.....	
Ovarian tumors—dermoid, papillomatous and unilocular cysts.	3	3	.....	
Extirpation of uterine appendages for oophoritis, perioophoritis, hematosalpinx and hydrosalpinx...	12	12	.....	
Extirpation of uterine appendages for hydrocele of the ovary.....	1	1	.....	
Extirpation of uterine appendages for pyosalpinx and ovarian abscess..	7	6	1	Died on fifth day from Peritonitis caused by perforation of ulcer in rectum after enema.
For ventral hernia.....	2	2	.....	
Exploratory incision.....	3	2	1	Died one week later from cancer of the liver.
For atresia of the cervix with hematometra.....	1	1	.....	
Incision of paratyphlitic abscess, and ventro-fixation of the uterus for retroversion with adhesions.....	1	1	....	
	42	40	2	

OTHER CAPITAL OPERATIONS.

Vaginal hysterectomy.....	4	4	.....	
Nephrotomy for pyelo-nephritis and calculi...	1	0	1	Died from uremia
VAGINAL CELIOTOMIES				
Enucleation of fibroids of uterus	3	3	.....	
Removal and resection of uterine appendages for oophoritis, perioophoritis and cysts.....	7	7	.....	
Removal of pyosalpinx followed by hysterectomy.....	1	1	.	
	16	15	1	

CAPITAL OPERATIONS

BY OTHER MEMBERS OF THE STAFF

	Number of Operations	Recovered	Died	
Extirpation of uterine appendages for salpingitis and oophoritis, by laparotomy (Dr W Winterberg)	1	0	1	Died of peritonitis.
Supra-pubic cystotomy for removal of papillomatous tumors from bladder (Dr. W. Winterberg)	1	1	.....	

OPERATIONS OF SECONDARY IMPORTANCE AND MINOR OPERATIONS

BY DR. F. W. VOWINCKEL.

Amputation of breast and excision of axillary contents for carcinoma	3	3	.....
Amputation of breast for chronic mastitis	1	1	....
Excision of fibroid of breast	2	2	.....
Incision of pelvic abscess from vagina	2	2	.....
Incision of pelvic abscess from groin	1	1	....
Curetting of uterus	89	89	
Trachelorrhaphy	4	4	.....
Amputation of cervix	12	12	.....
Ligation of arteriae uterinæ	3	3	.....
Vaginal fixation for retrodeviations of uterus	37	37	...
Anterior kolporrhaphy	17	17	.....
Posterior kolporrhaphy and kolpo-perineorrhaphy	20	20	.....
For fistula in ano	1	1	.....
Clamp and cautery operation for hemorrhoids	11	11	.....
Extirpation of suppurating vulvo-vaginal glands	1	1	.....
Extirpation of cyst of vulvo-vaginal gland	1	1	....
For urethral caruncle	3	3	.....
Incision of ischio-rectal abscess	2	2	...
Incision of paratyphlitic abscess	1	1	.....
Incision of furuncle	1	1	.....

Operations of Secondary Importance, Etc.

CONTINUED.

	Number of Operations	Recovered	Died	
Excision of atheroma	1	1	.....	
Removal of placenta and membranes after miscarriage	1	1	....	
Excision of coccyx	3	3	....	
Cauterization of rectal ulcers	1	1	....	
Incision of pelvic abscess in groin	1	1	.....	
Freund's silver wire operation for prolapse of uterus and vagina	1	1	.....	
Abdominal incision for abscess originating from ligatures after laparotomy	1	1	.....	
	220	220	.....	

BY OTHER MEMBERS OF THE STAFF.

Dr. W. Winterberg				
Curetting	3	3	....	
Amputation of cervix	3	3	.....	
Anterior kolporrhaphy	2	2	....	
Kolpoperineorrhaphy	2	2	....	
Tait's perineorrhaphy	1	1	.....	
Hemorrhoid operation	1	1	.....	
Excision of tubercular glands of neck	2	2	.....	
Operation for tubercular abscess originating from pelvic bones	1	0	1	Died.
Dr. F. Fehleisen				
Amputation of breast for carcinoma	1	1	.....	
For inguinal hernia	1	1	.....	
Dr. L. F. Garrigues				
Curetting	4	4	....	
Vaginal fixation	2	2	.....	
Amputation of cervix	1	1	..	
Excision of tonsils	1	1	....	
Kolpo-perineorrhaphy	1	1	....	
	26	25	1	

SUMMARY OF OPERATIONS.

	Number of Operations	Recovered	Died
Abdominal Sections—			
Dr. F. W. Vowinckel.....	42	40	2
Dr. W. Winterberg.....	1	0	1
Other Capital Operations—			
Dr. F. W. Vowinckel.....	16	15	1
Dr. W. Winterberg.....	1	1	.....
Operations of secondary importance and minor operations —			
Dr. F. W. Vowinckel.....	220	220	...
Dr. W. Winterberg	15	14	1
Dr. L. F. Garrigues.....	9	9	....
Dr. F. Fehleisen.....	2	2	.....
	306	301	5

Respectfully,

F. W. VOWINCKEL, M. D.

Surgeon in Charge.

Report of the Secretary

OF THE

Board of Lady Managers of the California Woman's Hospital, for the Year Ending December 31, 1895.

To the President, Board of Trustees and Lady Managers:

Herewith I submit report of Receipts and Expenditures, in my office, for the year ending December 31, 1895:

RECEIPTS.	Dr.	
From Patients	$13,788 10	
" Patients for Private Nurses	1,639 75	
" Sale of Medicines	1,374 55	
" " " Text Books	9 70	
" " " Uniform Material	24 65	
" " " Stamps	37 20	
" " " Coal and Extra Meals	73 30	
" Fines of Lady Managers	23 00	
		$16,970 25
DONATIONS.		
From Mary A. Crocker Trust Fund	$ 1,500 00	
" Mr. A. L. Tubbs, Life Membership	100 00	
" Mr. A. Halsey, " "	100 00	
" Mr. A. B. McCreery	100 00	
" Mr. W. Loiza	15 00	
" Mrs. A. N. Towne	10 00	
" Mrs. Wiggenstein	2 50	
" Lady Managers for Tables	42 00	
" Schaezlein & Burridge	5 00	
" Mr. C. R. Bishop	25 00	
" Mrs. A. A. Curtis	5 00	
" Contribution Boxes Hospital and Pleasanton	5 15	
		$1,909 65
SUBSCRIPTIONS.		
From Annual	$ 464 00	
" Monthly	158 00	622 00
Total Receipts		$ 19,501 90
Amount drawn from Treasurer of Trustees to cover excess of expenditures		1,605 74
Total		$21,107 64

EXPENDITURES.

SALARY ACCOUNT.		CR.
Salary of Superintendent of Nurses	$ 900 00	
" Matron	595 00	
" Assistant Surgeon	600 00	
" Nurses, Hospital	1,867 75	
" " Private	1,677 75	
Wages—Servants, White	1,321 55	
" " Chinese	1,192 70	
		$ 8,154 75
Laundry Account	586 10	
Drug "	2,650 20	
Coal "	810 10	
Meat "	1,904 35	
Grocery "	2,035 65	
Produce "	537 70	
Fish "	257 10	
Milk "	1,184 75	
Ice "	82 00	
Gas "	676 40	
Water "	408 00	
Repair "	368 95	
Furnishings "	863 14	
Stationery Account—Printing Report	319 75	
Horse Feed Account	133 80	
Telephone "	22 50	
Fire Alarm "	39 00	
Stamps, Car Fare, Etc.	73 40	
		$12,952 89
Total Expenditures		$21,107 64

MRS. F. P. McLENNAN,

Financial Secretary.

Examined and found correct

H. DUTARD
ISIDORE BURNS } COMMITTEE ON BOOKS AND ACCOUNTS

ANNUAL REPORT

OF

ABRAHAM HALSEY,

Secretary and Treasurer of Trustees California Woman's Hospital

San Francisco, January 28, 1896.

1896	TO ENDOWMENT FUND.	DR.	
Jan. 28—	To 1 Bed by Mrs. Margaret Crocker	$ 5,000 00	
"	1 Bed " Mrs. Mary A. Crocker	3,000 00	
"	1 Bed " Mrs. Collis P. Huntington	3,000 00	
	Total		$11,000 00

BUILDING FUND ACCOUNT.

1895.		DR.	CR.
Jan. 28—	To cash on hand at close of last year's report	$ 17,596 14	
	By paid Baumsteiger & Co., on contracts,		$3,430 00
	" " James Geary, on contracts		6,792 77
	" " " " " extra work		2,070 00
	" " Account purchase stone for Surgery, J. Schweitzer & Co		431 25
	" " Account of cutting and setting stone for Surgery, Ruffino & Bianchi		3,303 15
	" " Account Superintending Construction Annex, S. P. Hale		372 00
	" " Account Nurses Bath Tub, Montague & Co		45 60
	" Account Iron Balcony to Ralston Iron Works		297 50
	" Account Grading Lot, Roadway, etc., to E. Donnelly		200 00
	" Account Painting to F. A. Hermann		392 35
	Account Plumbing, to McDevitt & Cleary		7 50
	Account Lumber, to C. F. Doe & Co		71 26

By paid Account Clay Street Sidewalk, to C. C. W. Hann		180 00
" " Account Glasswork in Surgery, to J. A. Maguire		138 00
" " Account Surgery Doors, to James Geary		72 45
" " Account Litigation Fees, to Garber, Boalt & Bishop		25 00
" " Account Electric Bells, to E. F. Henzel		44 00
" " Account Nickel Plate Work, to S. F. Novelty Works		542 50
" " Account Extra Outside Air Duct, to Graniss & Co		64 20
" " Account Engine Room Supplies for Engineer		45 87
To amount transferred from General Expense Fund	$ 929 26	
Total	$18,525 40	$18,525 40

GENERAL EXPENSE FUND.

1895.			
Jan. 28—To balance cash on hand at close of last year			$ 8,672 60
Membership Dues—			
From Trustee A. L. Tubbs, for 1895	12 00		
" " C. A. Laton, "	12 00		
" " I. Burns, "	12 00		
" " A. J. Ralston, "	12 00		
" " W. F. Goad, "	12 00		
" " J. Benningham, "	12 00		
" " H Dutard, "	12 00		
" " T. B. Bishop, "	12 00		
" " R. B. Forman, "	12 00		
			$108 00
Interest Dividend—			
From San Francisco Savings' Union, June 30, 1895; 6 months	$ 580 69		
June 1, 1896; 6 months	380 92		961 61
" Five Southern Pacific R. R. of Arizona Bonds, July 15, 1895	150 00		
Jan. 1, 1896	150 00		300 00

Surplus Hospital Account—		
For month of September, 1895.....	108 80	
" " " November, 1895 (including Yearly Subscriptions),	330 85	
" month of December, 1895.....	13 80	453 45
Donations—		
From Mrs. C. B. Alexander.....	1,000 00	
" Mr. Jas. L. Flood	250 00	1250 00
Total.....		$ 11,745 66

1896.
Jan. 28—To balance carried forward to General Expense Account..... $ 5,022 26

EXPENDITURES.

			Cr.
1895.			
Jan. 28—By paid *Bulletin*, Advertising Annual Meeting, 1895.....	$ 4 90		
1896. " " *Bulletin*, Advertising Annual Meeting, 1896.....	6 75		11 65
By paid Insurance—			
Fireman's Fund Insurance Co.....	125 00		
London, Liverpool and Globe Ins. Co.	12 50		
Atlas Insurance Co.....	25 00		$ 162 50
By paid Deficit Hospital Accounts to Treasurer and Lady Man'grs—			
For Account January deficit, 1895.....	543 05		
" " February " 1895.....	502 85		
" " April " 1895.....	125 10		
" " May " 1895.....	289 80		
" " June " 1895.....	5 60		
" " July " 1895.....	124 40		
" " August " 1895	319 85		
" " October " 1895.....	148 54		$ 2,059 19
By paid Repairs Account—			
Bill of Wm. J. Gill.....	$ 1 50		
" " McDevitt & Cleary.....	49 00		
" " H. H. Halsworth.....	4 00		
" " C. C. W. Hann.....	132 65		
" " McDevitt & Cleary.....	24 50		
" " C. C. W. Hann.....	282 70		
" " Jos. Platz.....	9 00		

Bill of C. C. W. Hann	142 00	
" " F. A. Herman	714 70	
" " James Guilfoy	8 70	
" " McDevitt & Cleary	30 20	
" " Excelsior Mill Co.	38 37	
" " Adolph Meyer	7 20	
" " McNicoll & Co.	20 00	
" " Thomas Griffith	33 00	
		$1,497 52
By paid Surgical Instruments, Etc.—		
Bill of R. F. Downing & Co. $	40 80	
" " Hagerty Bros. & Ex.	17 50	
" " Dr. Herzstein	22 50	
" " Dr. Vowinckel	25 10	
" " Railroad Freight from N. Y.	42 88	
" " Arnold & Others	36 18	
" " Shipman Engine Manf. Co.	580 40	
" " Richard Kny & Co.	333 60	
" " Telegrams to Kny & Co.	1 20	
" Seabury & Johnson	8 12	
		$ 1,108 28
By paid Advertising Card in Medical Register		$ 30 00
" " Litigation Account		500 00
" " Electrical Bills to E. F. Henzel		100 00
" " Coal Bills, Rosenfeld, Sons & Co		42 70
" " Taxes—State, City and County,		66 05
" " Engineer's Tools Account for Engine Room		63 55
" " Labor Account to Engineer		152 70
" transfer of amount to Building Fund Account		929 26
Balance		5,022 26 ~~8,926~~
		$11,745 66

Examined and found correct, March 19, 1896.

ISIDORE BURNS,
H. DUTARD, } COMMITTEE ON BOOK AND ACCOUNTS.

855.00

STATEMENT OF

Total Accounts, Assets, Etc.

REPORTED TO ANNUAL MEETING

FEBRUARY 9, 1896

—BY—

A. HALSEY, Secretary and Treasurer.

1896.		
Jan. 28—Amount cash in Endowment Fund.....		$11,000 00
" " " General Expense Fund		5,022 26
		$16,022 26
Amount deposited in San Francisco Savings Union.....	$15,797 68	
Amount in hand, A. Halsey, Treasurer	224 58	
	$16,022 26	

AVAILABLE ASSETS.

Cash in General Expense Fund.....	$ 5,022 26
Five Bonds S. P. R. R. of Arizona, $1,000 each, par value.....	5,000 00
Real Estate—Lot on Sacramento St., adjoining Hospital, cost.....	2,500 00
Total.....	$12,522 26

Respectfully submitted,

ABRAHAM HALSEY,

Secretary and Treasurer.

Died,

Mrs. Harriet A. Sears,

IN OAKLAND, CAL., SEPTEMBER 20th, 1895, MRS. HARRIET A., WIDOW OF THE LATE HONORABLE WILLIAM H. SEARS, AGED 67 YEARS, 1 MONTH AND 26 DAYS.

MRS. HARRIET A. SEARS, wife of the late Honorable William H. Sears, and the beloved President of the Board of Lady Managers of the California Woman's Hospital, was born in Oswego, New York, July 25th, 1828. Mrs. Sears came to California in 1860, and in 1863 she married Mr. Sears, a man greatly respected by his fellow men. Mrs. Sears was one of the founders of the California Woman's Hospital, in the year 1868. She had been unremitting in her charitable work, from the date of organization until her death.

Thus, more than a quarter of a century had been devoted to the discharge of the delicate and difficult duties involved in the management of one of the noblest, and most important charities ever established for the amelioration of womankind.

Mrs. Sears was a woman of extraordinary abilities, she had a high appreciation of the responsibilities resting upon her, and she discharged each and every duty with a degree of intelligence scarcely equaled and never excelled. She entered into her work with a heart fully in sympathy with the sufferings of those with whom she came in contact As the President of the Board of Lady Managers, we had learned to love her for her noble qualities of mind and heart, and her death came as a shock because unexpected and sudden.

Mrs. Sears filled an honored and active position in other fields, notably the Presidency of the Channing Auxiliary, and other important work connected with the First Unitarian Church of San Francisco. She was untiring in her efforts to smooth the way of those whose footsteps trod the thorny paths of life. The cords of love and sympathy reached from her heart to the bedside of the suffering.

Always ready, ever willing, her departure leaves us to mourn the loss of one of earth's choicest and sweetest characters. As she reached the shadowy heights of the beyond, "her Creator drew her spirit, as the sun the morning dew," and "she passed through Glory's morning gate and walked in Paradise."

MRS. A. N. TOWNE,
Honorary President.

MRS. J. A. HATCH,
Second Vice-President.

MISS KATE R. STONE,
MRS. S. W. BACKUS,
MRS. E. R. DIMOND,
Committee.

CALIFORNIA WOMAN'S HOSPITAL, Oct. 7, 1895.

Report of the President

——OF THE——

Board of Lady Managers, California Woman's Hospital.

To the Board of Trustees of the California Woman's Hospital:

GENTLEMEN—I have the honor to present to you this, the twenty-eighth annual report of the Board of Lady Managers of the California Woman's Hospital. Before proceeding further I would ask your kind indulgence. Having filled the position of acting president only four months, since the death of our esteemed president, I cannot hope to place before you the condition of affairs as adequately as she would have done, and I realize that this must be a very incomplete report of the year's work.

We may be pardoned if here we pause to pay a momentary tribute to one who was such an interested and faithful worker for the hospital since its inception. Mrs. Harriet A. Sears, who for the past three years was the president of the Board of Lady Managers, was one of the incorporators of the hospital, and for twenty-eight years was prominently identified with its management, giving of time and strength in the most unstinted manner. We feel that her death is a great loss to the Board of Lady Managers and to the hospital.

Looking back over the past year, we feel that we have reason to congratulate ourselves, not only on the great amount of excellent work accomplished, but also on the enlargement of the hospital, which will afford us greater scope in benefitting womankind. The completion of the annex has given us a surgery, eight private rooms, the surgeon's, resident surgeon's and interne's rooms, and a much needed sitting room for the free ward patients. Five of these rooms have been most comfortably furnished through the generosity of Mrs. H. E. Wise, Mrs. E. B. Stone, Captain John Bermingham, Mr. A. Halsey and Mr. M. Rothchild. There still remain others unfurnished because of the old complaint—lack of funds.

Our new surgery, we have no hesitation in affirming, is the finest on the Pacific Coast, being fitted with every necessary appliance, thus reducing the danger in operation to a minimum. The sterilizing, dressing, etherizing and operating rooms are floored and wainscotted with stone, and the ceiling is of glass. This department is furnished with a system of ventilating pipes through which by the aid of powerful machinery the air can be entirely changed in a few minutes.

We note with pleasure that the ignorant prejudice against hospitals is disappearing, and that the California Woman's Hospital, instead of being considered a place solely for the benefit of the very poor, or of those whose means will not admit of proper nursing at home, is now sought by the wealthiest women of the city requiring operations because of the greater safety to be secured within its doors. If people only knew the danger of having operations performed at home, where at best the aseptic arrangements must be very primitive, we are sure that the number would be very small. It is only necessary to study the statistics to show how the death rate has diminished since asepsis has been considered of equal importance with surgery.

You will learn by referring to the medical report that there were 229 inmates of the hospital during the year 1895, and the total number of cases treated 481; there occured but six deaths, and when we consider the grave nature of many of the cases we feel that few hospitals can show a lower percentage of mortality. This is a record of which we may well be proud, and with the added facilities and precautions of the new surgery we hope to exceed even the record of the past.

The Board of Lady Managers earnestly invite the Board of Trustees to visit the hospital and personally inspect it, thus gaining a better idea of the work done than can possibly be conveyed in the limits of this report.

We are happy to acknowledge a gift of $1,000 from Mrs. C. B. Alexander, $250 from Mr. J. L. Flood, $100 from Mr. Andrew McCreery and $25 from Mr. C. R. Bishop. For these and other donations of money, fruit, flowers, reading matter, etc., we return our sincere thanks.

Our confidence in Dr. F. W. Vowinckel increases on account of the high character of his work, and his unvarying kindness and courtesy. Our thanks are also due Dr. F. L. Garrigues, our very efficient resident surgeon. To our interne, Dr. Barry, and our externe, Dr. Winterberg, we are indebted for valuable assistance. We are also most grateful for all the aid rendered by our visiting staff.

The training school, under the efficient supervision of Miss Alice Hall, our superintendent of nurses, has maintained the high standard which has given the nurses of the California Woman's Hospital such deserved pre-eminence. We hope in time to have our nurses supplement their two years' training by three months of district nursing, thus acquiring a greater degree of self-reliance and ability to accomplish in an emergency than they could possibly gain in their hospital work, where all appliances are at hand. Another need of the hospital is a maternity home, both for the accommodation of the poor women, to whom a quiet home and good care during their illness are invaluable, as well as for the advantage this experience would be to our nurses.

We wish particularly to commend Miss Christine Wilson, our matron, whose faithfulness, economy and fine executive ability have rendered her work invaluable.

In this summary we have given you only the bright side; we have only touched upon the rooms remaining unfurnished because of our poverty; we have said nothing of the need of repairs, painting, and of the many petty economies we are obliged to practice at the expense of the comfort of the inmates. These economies seem almost criminal when we consider how great the improvement would be by the expenditure of a few hundred dollars; but where are we to obtain this much needed money?

I would suggest to you, gentlemen of the Board of Trustees, that you earnestly consider this question and advise us as to the best methods of meeting the requirements of the hospital.

Respectfully submitted,

MRS. J. H. HATCH, *President pro tem.*

The Trustees and Lady Managers desire to gratefully acknowledge the following cash and other donations:

Mrs. C. B. Alexander	$ 1,000 00	
Mary A. Crocker Trust Fund	1,500 00	
Mr. J. L. Flood	250 00	
Mr. A. B. McCreery	100 00	
Mrs. A. N. Towne	10 00	
Schaezlein & Burridge	5 00	
Mrs. A. A. Curtis	5 00	
Mrs. W. Loiza	15 00	
Mrs. Wiggenstein	2 50	
Mr. C. R. Bishop	25 00	
Contribution Boxes at Pleasanton and Hospital	5 15	
Total		$ 2,917 65

ANNUAL SUBSCRIPTIONS

TO THE

CALIFORNIA WOMAN'S HOSPITAL.

. . 1895 . .

Mrs. N. T. Smith	$ 20 00	
Mrs. Geo. Loomis	12 00	
Mrs. A. A. Curtis	12 00	
Mrs. A. L. Tubbs	12 00	
Mrs. Arthur Smith	5 00	
Mrs. G. W. Murphy	12 00	
Mrs. J. B. F. Davis	6 00	
Mrs. A. E. Kent	12 00	
Mrs. Samuel Hort	25 00	
Mrs. John Boggs	25 00	
Mrs. John Cunningham	25 00	
Mrs. J. D. Spreckles	20 00	
Mrs. C. A. Spreckles	15 00	
Mrs. Henry T. Scott	12 00	
Mrs. Henry J. Crocker	12 00	
Mrs. Henry Schmiedell	12 00	
Mrs. C. O'Connor	12 00	
Mrs. J. F. Houghton	12 00	
Mrs. Wm. S. Tevis	12 00	
Mrs. H. M. Newhall	12 00	
Mrs. E. W. Hopkins	12 00	
Amount carried forward		$ 297 00

Amount brought forward	$ 297 00	
Mrs. A. N. Towne	10 00	
Mrs. W. W. Montague	10 00	
Mrs. G. C. Shreve	10 00	
Mrs. W. Mayo Newhall	10 00	
Mrs. J. T. Haviland	10 00	
Mrs. R. C. Woolworth	10 00	
Mrs. P. Evarts	10 00	
Mrs. H. Dutard	10 00	
Mrs. G. C. Boardman	5 00	
Mrs. J. L. Moody	5 00	
Mrs. A. R. Baldwin	5 00	
Mrs. S. G. Murphy	5 00	
Mrs. J. H. Goodman	5 00	
Mrs. Adam Grant	5 00	
Mrs. C. E. Worden	5 00	
Mr. M. A. Rothschild	5 00	
Mr. Louis Stern	5 00	
Mr. J. E. Doolittle	12 00	
Haas Bros.	25 00	
Mr. C. J. Hooker	25 00	
Total		$ 486 00

MONTHLY SUBSCRIBERS

TO THE

CALIFORNIA WOMAN'S HOSPITAL.

Mrs. L. L. Baker	$ 12 00	
Mrs. G. E. Butler	12 00	
Mrs. S. W. Backus	12 00	
Mrs. E. R. Dimond	12 00	
Mrs. George Easton	8 00	
Mrs. J. H. Hatch	12 00	
Mrs. F. P. McLennan	12 00	
Mrs. Michalitschi	6 00	
Mrs. W. P. Reddington	12 00	
Mrs. A. L. Stone	12 00	
Mrs. F. D. Stadtmuller	12 00	
Mrs. W. H. Sears	9 00	
Mrs. E. B. Stone	12 00	
Total		$ 143 00

MISCELLANEOUS DONATIONS.

Dr. Herzstein—3 Pieces Surgical Gauze.
Wm. Cluff & Co.—10 lbs. Mixed Nuts.
J. Wilmerding & Co.—1 Gallon Whiskey.
Mrs. General Graham—Flowers.
Mrs. J. H. Hatch—1 Dozen Bowls, 1 Dozen Cups and Saucers, 7 Pictures and Frames, Magazines, Tuning of Piano, 48 lbs. Raisins, 13¼ lbs. Ham.
Mrs. S. D. Mayer—1 Bottle Gauze, Drainage Tubes, 3 lbs. Cake.
Mrs. A. S. Kent—38 lbs. Prunes.
Mrs. Julian Holman—1 Sitz Bath and Old Linen.
Unknown—Pictures and Magazines.
Mrs. A. N. Towne—7 Sugar Bowls, 7 Cream Pitchers, 15 Tumblers, donation toward Carpet, $10.00, 16 lbs. Chicken.
Mrs. R. H. Warfield—Quantity of Old Linen.
Tables for use of Bed-ridden Patients—

2 Mrs. L. L. Baker,
2 Mrs. S. W. Backus,
1 Mrs. F. D. Stadtmuller,
1 Mrs. F. P. McLennan,
1 Mrs. H. E. Wise,
1 Mrs. E. B. Stone,
1 Mrs. E. R. Dimond,
1 Mrs. A. Gallatin,
1 Mrs. J. T. Hoyt,
1 Miss K. R. Stone,
1 Mr. G. Murphy,
1 Dr. F. W. Vowinckel.

Mrs. Paul Jarboe—Reading Matter.
Mr. S. B. Welsh—2 Account Books.
Mrs. E. B. Stone—135 lbs. Pears, 92 lbs. Plums, 110 lbs. Peaches, 120 lbs. Apricots.
Miss McConnell, Elk Grove—88 lbs. Grapes.
Mrs. R. Samson—7 lbs. Macaroni, 4½ lbs. Ground Chocolate, 3 lbs. Crackers, 7 Cans Tomatoes, 5 Cans Jam.
California Bible Society—10 Bibles.
Goldberg, Bowen & Co.—1 Wringer, 2 Bottles Brandy.
Mr. C. E. Worden—70½ lbs. Turkey.
Mrs. C. E. Bancroft—5 lbs. Mince Meat, 1 Bunch Christmas Berries, Cash $1.00.
Mrs. A. Gallatin—5 lbs. Mince Meat.
Mrs. S. W. Backus—8½ lbs. Mixed Nuts.
Mrs. E. R. Dimond—6 lbs. Olives, Cash 50 cents.
Mrs. F. P. McLennan—2 Gallons Cranberries.

Miss Kate R. Stone—Cash $2.00.
Mrs. F. D. Stadtmuller—Cash $3.00.
Mrs. E. B. Stone—Cash $1.50.
Mrs. J. T. Hoyt—Cash $1.00.
Mrs. H. E. Wise—Cash $1.00.
Lamb & Son—6 Crabs.
Joe Witt—6 lbs. Mixed Nuts.
Mrs. G. E. Wilson—Reading Matter.
San Rafael Needle Work Guild—37 Pillow Cases, 4 Sheets, 2 Pairs Bed Socks, 1 Nightingale, 2 Pairs Knitted Shoes.
Union Ice Co.—100 lbs. Ice.
Mrs. L. L. Baker—2 Chicken Pies.
Mrs. G. E. Butler—9 lbs. Mince Meat, 3 Sacks Christmas Berries.
San Francisco Needle Work Guild—4 Sheets, 28 Pillow Cases, 12 Towels.
Milbrae Dairy—14 qts. Cream, 110¾ lbs. Turkey.
S. Solomon—18½ lbs. Chicken, 1 Pig.
Twing & Stillman—17 lbs. Ham.
J. Ansbro—18 heads Celery.
H. Dutard—100 lbs. Flour.
C. E. Whitney & Co.—6 lbs. Cheese.
A. M. Ebbets—100 lbs. Rolled Oats, 50 lbs. Raisins.
Haas Bros.—4 lbs. Citron, 1 lb. Orange Peel, 1 lb. Lemon Peel.
G. W. Caswell & Co.—1 Bot. Currie Powder, 1 lb. Tea.
S. Levy & Co.—54 lbs. Apples.

Nurses' Department.

This Hospital has a department devoted to the education and training of nurses. A regular course of study is pursued; lectures by the Surgeon in charge, other members of the staff, and Superintendent of Nurses, given at stated periods; examinations held and thorough efficiency exacted.

Young women desiring to become professional nurses are received upon proper application. After two years' training and experience in the Hospital, strict compliance with the rules and regulations prescribed, good conduct, and having passed the final examination for graduation successfully, they are given the *Hospital Diploma* as Medical and Surgical Nurses, and presented with its Gold Badge by the President of the Board of Lady Managers.

APPLICATION AND REQUISITES.

The most desirable age for applicants is between 20 and 30 years.

They must possess a good school education; write legibly; be of sound health; of sufficient physical capacity to undergo the labor and fatigue incident to the profession of a nurse, of a kind and cheerful disposition, and must present, on application, a certificate from some responsible person as to their good character.

Applicants will be received for the first month on probation; during this month they are boarded and lodged at the expense of the Hospital, but receive no pecuniary compensation. The Surgeon in charge at the end of the month will decide as to the capabilities of applicants and the propriety of retaining them as nurses. The same authority can suspend or discharge a nurse at any time during her course for misconduct, neglect, or inefficiency, the reasons therefor being always reported to the President of the Board of Lady Managers.

Nurses will receive a monthly allowance of $10 for the

balance of the first year and $15 for the second year of their term, for personal expenses, and be treated and cared for as members of the household.

A vacation of two weeks in each year will be arranged for and given the nurses, but no remuneration will be allowed for this or other time lost from actual service.

Due regard is always taken of the health and proper enjoyment of the nurses and opportunities afforded them for out-door exercise and relaxation.

Nurses are required to dress in the uniform of the Hospital; to be kind and courteous to each other, tender and cheerful to the patients; neat and cleanly about their persons and rooms, and in the discharge of their duties. *Also* to be careful and economical in the use of the Hospital furniture and appliances, and especially particular in carrying out the instructions of the Surgeons.

FORM OF APPLICATION.

Applicants will fill out in their own handwriting and address to Dr. F. W. Vowinckel, 3118 Sacramento street, San Francisco, California, the following form:

1. Name in full and present address of applicant.
2. Are you a single woman or widow?
3. Your present occupation or employment.
4. Age last birthday and place of birth. Your height and weight.
5. Are you strong and healthy and have you always been so?
6. Are your sight and hearing perfect?
7. Have you any physical defects?
8. Where were you educated? State kind of school.
9. What is your nationality and religion?
10. Give two or more references and state any further facts deemed advisable.
11. Have you read and do you clearly understand the Hospital Rules and Regulations?

Articles of Incorporation.

STATE OF CALIFORNIA, }
DEP'T OF STATE. }

SACRAMENTO, February 19, 1873.

I, Drury Melone, Secretary of State of the State of California, do hereby certify that a copy of Articles of Incorporation was filed in this office, pursuant to the provisions of the Civil Code, on the nineteenth day of February, A. D. 1873, containing the following statement of facts:

1. That the name of the corporation is California State Woman's Hospital.

2. That the purpose for which it is formed is to nurse, care for and provide medical and surgical treatment for sick and indigent women.

3. The place where its principal business is to be transacted is San Francisco, California.

4. The time for which it is to exist is fifty years.

5. The number of its directors or trustees is eleven. That a meeting was held in the city of San Francisco January 28, 1873, at which a majority of the members were present and voted for trustees, who were then and there elected. And the names and residences of those who are appointed for the first year are:

THOMAS H. SELBY,
WILLIAM ALVORD,
C. ADOLPHE LOW,
ALEXANDER CAMPBELL, SR.;
JONATHAN HUNT,
WM. B. JOHNSTON,
JAMES LINFORTH,
JAMES T. HOYT,
MRS. WM. H. SEARS,
MRS. E. MCDERMOTT,
MRS. CALEB M. SICKLER.

all of San Francisco. And that the persons above named as directors or trustees, and their associates or assigns, are a body politic and corporate by the name above designated.

Witness my hand and the great seal of the State, at office in Sacramento, California, the nineteenth day of February, A. D. 1873.

[STATE SEAL.]

DRURY MELONE,
Secretary of State.

By H. H. RUSSELL,
Deputy.

Constitution and By-Laws

OF THE

CALIFORNIA STATE WOMAN'S HOSPITAL.

SAN FRANCISCO.

ORGANIZED 1868. INCORPORATED 1873.

CONSTITUTION.

ARTICLE I.

This Society shall be known as the CALIFORNIA STATE WOMAN'S HOSPITAL.

ARTICLE II.

The object of this Society shall be to establish and maintain, in the City and County of San Francisco, a hospital for the treatment of diseases peculiar to women. Incurable cases not admitted.

ARTICLE III.

Any person who shall subscribe twelve dollars ($12) per annum to the funds of the Hospital may be *balloted* for at any meeting of the Trustees, and if he or she receives *two-thirds* of the vote cast shall be a member for the ensuing year and be entitled to vote for Trustees at the annual election. Any person contributing $100 to the funds of the Hospital shall become a life member and entitled to all the privileges of members. Ladies acting as managers may be elected as members without contributing. *Honorary members* or officers may be elected by the Board of Trustees for eminent services rendered in the Board or to the Hospital.

ARTICLE IV.

The officers of the Society shall consist of a Board of eleven Trustees, of whom five (5) shall constitute a quorum. Those named in the deed of incorporation shall hold until their successors are elected.

ARTICLE V.

The Board of Trustees shall appoint their own officers, enact their By-Laws and fill all vacancies occurring in their body between the annual meetings.

ARTICLE VI.

The annual meeting of members for the election of Trustees shall be held in the city of San Francisco on the last Monday of January. The place of meeting and the hour shall be advertised at least five (5) days before the election. None but *members* shall be eligible as *Trustees.*

ARTICLE VII.

The Trustees shall have power to hold stated meetings, and to adopt measures to conduct the affairs of the institution. They may also hold special meetings on the call, by notice in writing, of the Secretary, on the request of any two of the Trustees, the object of the meeting being specified in the notice; and they shall exercise a general superintendence over the affairs of said institution. They shall also have power, individually or collectively, to visit the Hospital at any time and inspect all its appurtenances.

ARTICLE VIII.

The domestic affairs of the Hospital shall be entrusted to a Board of Lady Managers, *to be appointed by the Board of Trustees,* to consist of nine (9) ladies, who shall have power to increase their number to twenty-four (24).

ARTICLE IX.

The Medical Staff shall consist of the Surgeon in charge, Resident Surgeon, Visiting Surgeons, a Pathologist and a Visiting Oculist.

ARTICLE X.

The Surgeon in charge, Resident Surgeon and Visiting Staff shall be appointed by the Board of Trustees annually, after their election, at the annual meeting.

The Medical Staff may be enlarged, or vacancies therein filled, at any meeting of the Trustees during the year.

All resignations from the Medical Staff must be tendered to the Board of Trustees.

ARTICLE XI.

The Surgeon in charge shall be required to make an annual report to the Trustees, to be read at the annual meeting of the Hospital, and for publication, of the number of patients treated in the Hospital, in the out-department, and the number and character of the operations performed. The number of deaths and such other information as may be deemed necessary to acquaint the public with the work and charity accomplished in the institution during the year.

ARTICLE XII.

It shall be the duty of the Surgeon and Resident Surgeon to attend, without any charge whatever, all *free patients* and all those admitted to the Hospital *who are only able to pay for board and medicine.* In case of their absence or inability to perform these duties, the Staff shall choose from their number one or more members, as shall be deemed necessary, to assume charge temporarily, subject to the approval of the Board of Trustees.

ARTICLE XIII.

This Constitution may be altered or amended by the vote of two-thirds of the members present at any annual meeting, or at any special meeting called for that purpose, pursuant to Article VI.

ARTICLE XIV.

At any annual meeting, or general meeting, to be held dursuant to By-Laws, any absent member may, by his written

proxy, authorize any member present to cast his vote on any question before the Board; and at any special meeting of the Board, to be called under Article VI, when the object of the meeting is specified in the notice, any absent member may, by writing signed by him, state his vote on the question, which shall be entered by the secretary with the same effect as if such member were personally present and so voting; provided, that in all such cases there shall be at least three (3) members of the board present, and not less than five (5) votes cast, including such written votes.

BY-LAWS.

SECTION I.

The Board of Trustees shall elect from their own number a president, a vice-president and a treasurer and secretary.

SECTION II.

It shall be the duty of the president to preside at all meetings of the Board. In his absence the vice-president shall take his place.

SECTION III.

It shall be the duty of the treasurer to keep safely all moneys belonging to the Hospital, and to pay drafts, to be signed by the president or vice-president, and countersigned by the secretary, which shall be made for payment of bills certified by the Board of Lady Managers to the trustees.

SECTION IV.

The By-Laws may be altered at any regular meeting, notice having been given at a previous meeting of the change contemplated.

BY-LAWS FOR LADY MANAGERS

OF THE

California Woman's Hospital.

ARTICLE I.

The domestic affairs of the Hospital shall be administered by a Board of Lady Managers, consisting of seventeen or more, appointed by the Board of Trustees at their annual meeting. Five of this number shall constitute a quorum for the transaction of business.

At their stated monthly meeting next after their appointment they shall elect from their number, by ballot, a president, a first vice-president, a second vice-president, a third vice-president, a recording secretary, a financial secretary, and a treasurer. A majority of the votes of the Lady Managers shall be necessary to make an election.

In case the Board shall fail to elect any officer or officers on the day above specified for the purpose, or in case of death or resignation, such election may be made at any special or stated meeting thereafter.

ARTICLE II.

The Board of Lady Managers shall meet monthly, on the first Wednesday of each month, for receiving and examining bills and accounts and making arrangements for paying the same.

They shall take charge of all moneys received for board of pay patients, shall be empowered to receive donations and subscriptions, and shall pay all the current expenses of the Hospital, drawing from the treasurer of the Board of Trustees, by an order or receipt duly signed by the treasurer, whatever money may be required, and paying over to him any surplus they may have after each month's expenses have been paid.

The surgeon in charge shall have charge of all matters pertaining to the interests of the Hospital, under the direction of the Board of Lady Managers. He shall be responsible for its remedial and surgical work and shall render a careful and full report at each regular monthly meeting. He shall engage and discharge all nurses.

ARTICLE III.

If any member of the Board shall be absent for three consecutive meetings, without sending to the president or secretary sufficient excuse, her place may be declared vacant by a vote of the Board, the secretary notifying the absent member of the fact.

The Board of Lady Managers shall have power to fill any vacancies that occur in their uumber during the year.

ARTICLE IV.

A fine of one dollar shall be imposed upon any Lady Manager failing to attend the stated meetings of the Board; absence from the State or sickness being the only excuses for non-attendance.

ARTICLE V.

The president shall have power to call special meetings of the Board whenever she shall deem the same advisable, and shall preside at all meetings, or, in her absence, one of the vice-presidents shall preside. Should these officers be absent, a temporary president may be chosen from among the ladies present.

ARTICLE VI.

The secretary shall notify the members of the Board of all regular and special meetings; inform all officers of their elec-

tion; keep minutes of business meetings; file all business letters; take charge of bills after payment; and prepare the annual financial report of the Board of Lady Managers.

ARTICLE VII.

The Treasurer shall at every meeting report the state of the treasury; shall receipt for all money paid in for current expenses, and shall disburse the same, as authorized by the Board of Lady Managers, paying over any surplus of receipts monthly to the Treasurer of the Board of Trustees.

ARTICLE VIII.

The Board shall appoint annually a Purchasing Committee who shall purchase all necessary supplies, as required, and present the bills for the same at the next business meeting. They shall also appoint an Auditing Committee of two, who shall examine all bills before they are presented to the Board, certify to their correctness and exercise a general supervision over the receipts and expenditures.

ARTICLE IX.

A Visiting Committee of two shall be appointed alphabetically at each monthly meeting to visit the Hospital once each week or supply a substitute from the Board. It shall be their duty to inspect the various wards, to see that patients are properly cared for, to examine every department of the Hospital and report at each monthly meeting of the Board.

ARTICLE X.

A Superintendent of Nurses shall be appointed by the Board of Lady Managers annually, to hold office during their pleasure. She shall see that all instructions from the Physicians are faithfully carried out and enforced. She shall have charge of the nurses and superintend their education under the direction of the Surgeon in charge. She shall be responsible for the order, decorum and morals of those under her charge. She shall have power to collect moneys from paying patients, keeping an exact account of the same, and render a full report at each regular monthly meeting.

A Matron shall be appointed annually by the Board of Lady Managers, to hold office during their pleasure. She shall have charge of all servants and household affairs properly under her care. She shall have careful supervision of the Domestic Department of the Hospital under the direction of its Lady Managers.

She shall keep an exact account of all moneys received and paid out by her, reporting the same to the Board of Lady Managers at each *regular monthly meeting*.

The Matron shall have charge of the diet kitchen in the preparation of food for patients under the direction of the Surgeon and Superintendent of Nurses and shall give it her daily attention.

ARTICLE XI.

Any person wishing to enter the Hospital for medical treatment must be referred to the Surgeon in charge for admission.

ARTICLE XII.

Honorary officers or members may be elected by the Board of Lady Managers for eminent services rendered in the Board or to the Hospital.

ARTICLE XIII.

These By-Laws may be amended at any regular monthly meeting, notice of the amendment having been given in writing at the previous meeting, and the amendment to be voted on having been stated in the notice calling the meeting.

ARTICLE XIV.

The following shall be the order of business at the meetings of the Board :

Roll Call.
Reading the Scriptures.
Reading the minutes of the previous meeting.
Reports of Visiting Committee.
Medical Report.
Superintendent of Nurses' Report.
Report of Special Committee.
Miscellaneous business.
Adjournment.

MEMBERS

—OF THE—

BOARD OF TRUSTEES.

1873 to 1896

Alvord, Wm., 1873–74.
*Austin, H. S., 1886–90.
Bermingham, John, 1890.
Bishop, T. B., 1889.
*Bolton, J. R., 1874–90.
Boyd, Alex., 1884.
*Bryant, A. J., 1878–81.
Burling, J. W., 1879–87.
Burns, Isidore, 1891.
*Campbell, A., Sr., 1873–81.
Condict, J. E., 1882–87.
Crocker, C. F., 1890.
Davis, A. Mc., 1881–84.
*Deane, J., 1880–84.
Dutard, H., 1890.
Evans, C., 1881.
Forbes, A. B., 1884–93.
Forman, R. B., 1885.
Gibbs, F. A., 1880.
Goad, W. F., 1890.
Grant, A., 1879.
Halsey, A., 1885.
*Hoyt, J. T., 1873–79.
*Hunt, Jno., 1873–80.
*Hunt, S. O., 1878–86.
*Johnston, W. B., 1873–80.
Kilgour, L., 1876.
*Latham, J. K. S., 1876–79.
Laton, C. A., 1887.
Linforth, Jas., 1873–78.
*Livingston, C. H., 1889–90.
*Low, C. A., 1873–81.
McAfee, L., 1882–84.
McDermott, Mrs. E., 1873.
McDonald, J. M., 1881.
Montague, W. W., 1880.
Murphy, E. P., 1874–84.
Newlands, F. G., 1881.
Olmstead, W. N., 1874.
Prescott, Geo. W., 1896.
Ralston, A. J., 1881.
Reddington, W., 1886–1888.
Rothchild, M. A., 1896.
*Sears, Mrs. W. H., 1873–95.
*Selby, Thos. H., 1873–76.
Sickler, Mrs. C. M., 1873.
*Simmons, P. B., 1884–90.
Tubbs, A. L., 1894.
Whittell, Geo., 1887–88.

*Deceased.

. . MEMBERS . .

—OF THE—

BOARD OF LADY MANAGERS

. . 1868 to 1896 . .

Alexander, Mrs. C. B., 1890.
Alexander, Mrs. B. S., 1874.
Adams, Mrs. W. J., 1874.
Backus, Mrs. S. W., 1895.
Bagley, Mrs. S. C., 1868.
Baker, Mrs. L. L., 1889.
Ball, Mrs. A. H., 1883.
Bancroft, Mrs. Chas. E., 1893.
Barker, Mrs. M. O., 1870.
Barrell, Mrs. —, 1868.
Barrows, Mrs. C. D., 1882–90.
Beach, Mrs. C., 1868.
Bates, Mrs. J. C., 1883.
Bonestell, Mrs. C. K., 1881.
Booth, Mrs. H. J., 1875.
Bryan, Mrs. —, 1868.
Buckbee, Mrs Spencer C., 1894.
Buckley, Mrs. —, 1868.
Burnett, Mrs. J. M., 1868.
Butler, Mrs. G. E., 1894
Cheesebrough, Mrs. A., 1896.
Cohn, Mrs. Henry, 1876.
*Colby, Mrs. H. B., 1881–86.
Condict, Mrs. J. E., 1882–86.
Connor, Miss Frances, 1870.
*Crim, Mrs. Samuel, 1870.
*Crocker, Mrs. Chas., 1884–90.
Cunningham, Mrs A. H., 1868.
Curtis, Mrs. A. A., 1894–95.
Dimond, Mrs. Edwin R., 1894.
Dungan, Mrs. T. H., 1877.
Dunlap, Mrs. C. M., 1875.
Eastland, Mrs. —, 1868.
Easton, Mrs. —, 1868.
Eckley, Mrs. L. M, 1872.
Emmett, Mrs. Temple, 1884.
Emrick, Mrs Joseph, 1868.
Flourney, Mrs. Geo., 1886–92.
Foss, Mrs. E. J., 1875.
Frink, Mrs. George, 1884.
Gallatin, Mrs. Albert, 1890.
Grim, Mrs. A. K., 1868.
Hale, Mrs. —, 1869
*Halsey, Mrs. A., 1885–94.
Harmon, Mrs. J. B., 1868.
Harrison, Mrs. J. T., 1876.
Hatch, Mrs. J. H., 1881.
Henry, Mrs. —, 1868.

*Deceased.

Hermann, Mrs. Lucien, 1868.
Hotaling, Mrs. A. P., 1875-93.
Houghton, Mrs. J. F., 1888–94.
Hoyt, Mrs. J. T., 1870.
Hunt, Mrs. S. O., 1873.
Jackson, Mrs. Charles, 1869.
Johnstone, Mrs. J. S., 1869.
Jones, Mrs. C. C., 1878.
Kent, Mrs A. E., 1874.
La Monte, Mrs. J. D., 1882
Lathrop, Miss H. D , 1868.
Lee, Mrs. D. J., 1868.
Low, Mrs. C. A., 1879.
Low, Mrs. J. B., 1878.
Ludlum, Mrs. E. M., 1879.
Maconlay, Mrs. –, 1873.
Mann, Mrs. C. H., 1876
Mayer, Mrs. S D., 1885.
Maxwell, Mrs. John, 1869.
McCauley, Mrs W., 1873.
McCrelish, Mrs. Fred, 1876.
McDermot, Mrs. E., 1873.
McLennan, Mrs. F. D., 1888.
McMichael, Mrs. H. J., 1896
Miller, Mrs. D. A., 1883.
Morton, Mrs. R., 1873.
Murphy, Mrs. E. P., 1880.
*Neal, Mrs. D. F., 1873-85.
Northton, Mrs. J. W., 1876.
Nuttall, Mrs. N. K., 1879.
Nuttall, Mrs. W. R., 1878.
O'Connor, Mrs. M J., 1868.
Otis, Mrs. James, 1874.
Pomroy, Mrs. —, 1868.
Rand, Mrs. —, 1872.
Randall, Mrs. O., 1870.

*Deceased.

*Rankin, Mrs. Ira P., 1868
*Redding, Mrs. B. B., 1877–90.
Reddington, Mrs. Wm., 1890.
Rexford, Mrs. —, 1875.
Scudder, Mrs. H. M., 1868.
Searby, Mrs. W. M., 1875–83.
*Sears, Mrs. W. H., 1868.
Shaw, Mrs. —, 1869.
Sickler, Mrs. C. M., 1873.
Smith, Mrs. W. M., 1873.
Spreckels, Mrs. Peter, 1875.
Spreckels, Mrs C. A., 1888–89.
Spreckels, Mrs. J. D., 1891–92.
Stadtmuller, Mrs. F D., 1880.
Steel, Mrs. —, 1869.
Stewart, Mrs. Chas., 1869.
Stone, Miss Kate R , 1888.
Stone, Mrs. E. B., 1894.
Story, Mrs. C., 1879.
Swain, Mrs. R. B., 1868.
Taylor, Miss Cora, 1888–89.
Tevis, Mrs W. S., 1890–93.
Towne, Mrs. A. N., 1883.
Thomas, Mrs. J B., 1868.
Tracy, Mrs. T. F., 1880-86.
Waddell, Mrs. Wm., 1873.
*Wakeman, Mrs. T., 1869.
Walch, Mrs. —, 1868.
Walton, Mrs. W. F., 1870.
Weeks, Mrs. —, 1879.
Wetherbee, Mrs H., 1883–90
Wilder, Mrs. —, 1868.
Williams, Mrs. H. B., 1868.
Wilson, Mrs. L. S , 1881.
Wilson, Mrs. Samuel, 1868.
Wise, Mrs. H E , 1893.

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CINCHONA CALISAYA,	as aqueous extract,	15 grains.
IRON	in assimilable organic combination,	2 grains.
	With pure matured wine. [Specially selected.]	q. s.

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Supt.

TELEPHONE E. 171.

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Makes the Eye Brilliant and beautifies the Complexion.
Diminishes the waste of Organized Tissues.
Tones up and vitalizes the entire Nervous System.
Builds up the Weak and Cheers the Despondent.
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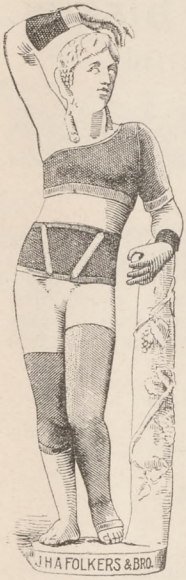

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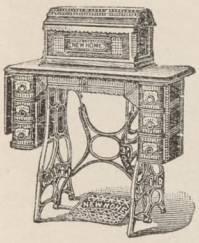

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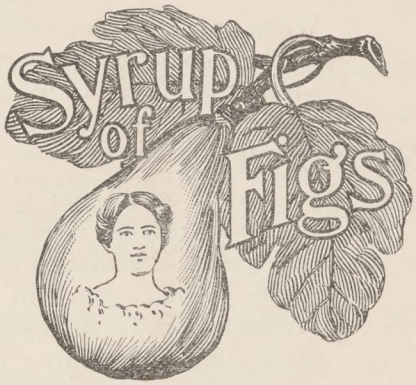

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Tabulated Report of the Surgeon in Charge

Comprising his Capital Cases.

Report of Capital Operations Performed by F. W. Vowinckel, M. D., during the Year 1895.

A. Abdominal Sections.

HYSTERECTOMY FOR FIBRO-MYOMA.

	Date of Operation	Age	Married or single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
1	Mar. 28	35	S	0	Had noticed pain and discomfort in pelvis for two years, and had been flowing constantly for three months; also had considerable yellowish discharge. Patient pale and pasty looking. The urine contained granular casts and albumen. There was an irregularly shaped tumor, the size of two fists, consisting of uterus studded with hard fibroids, the largest the size of a goose's egg, in the back of fundus. Five or six small ones were scattered through the rest of the uterus; some being subperitoneal, some intramural and some submucous.	2 years	Some	Both	Median incision. Mass could be brought out of pelvis easily, as it was only adherent to rectum. These adhesions were severed, the broad ligaments ligated with silk, and the uterus removed in toto. The peritoneal flaps, after the stumps had been turned into vagina, were united, closing the peritoneal cavity. Abdomen closed with three rows of silkworm gut sutures.	None	Phlegmasia alba dolens developed in left leg after second week.	Recovered.
2	Nov. 19	44	M	1	Patient somewhat emaciated and anemic, due to flowing continuously for six months. Had had pain in right side and back for four years. Had been treated with electricity, etc. Fibromata uteri; oophoritis, perioophoritis and perimetritis chronica.	4 years	Dense	Both	Median incision. Breaking of adhesions between the pelvic organs. Infundibulo-pelvic and broad ligaments were ligated with silk and severed. Then an anterior and posterior peritoneal flap were dissected from uterus; the uterus excised, and the lower ligatures turned into the vagina. The peritoneal flaps were united with sero-serous silkworm gut sutures.	None	January 6th.—A small granulating area in left side of roof of vagina remained, from which several silk sutures were removed, after which it healed.	Recovered.

SUPRA-VAGINAL AMPUTATION OF UTERUS FOR FIBRO-MYOMA.

	Date of Operation	Age	Married or single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
3	Feb. 21	32	M	0	For six months had soreness, and sense of pressure in left side of pelvis. Thought she was pregnant. Had some irritability of bladder. Menstruation regular and scanty, but was accompanied by severe pain. Slight constant leucorrhea. Uterus slightly enlarged. From the fundus, between the horns of uterus, protruded a soft myoma size of fist. Its surface was covered with large veins. Left ovary large as a walnut and friable.	6 months	Present	Both	Laparotomy. After ligating and severing the ovarian blood vessels, and the upper portion of the broad ligaments, an anterior and posterior peritoneal flap were dissected from the uterus, and the cervical canal cauterized with the Paquelin cautery, excised and sutured with silkworm gut, after the uterus was amputated at the internal os. Peritoneal flaps were closed over, and sutured to the stump with sero-serous sutures. The abdominal wound sutured as usual, except that an extra layer was put through the subcutaneous tissues on account of obesity.	None		Recovered.
4	Apr. 2	47	M	0	For one year had pain in side and back, worse at time of menstruation. Latter was free but regular. Uterus was studded with subperitoneal fibroids, varying in size from a pea to an English walnut. It was about size of two fists, and contained some intramural and submucous fibroids.	1 year	Some	Both	Median incision. Uterus appeared in wound, densely adherent posteriorly. The infundibulo-pelvic and upper part of broad ligaments were ligated and severed. Then the uterus was gradually worked loose from its posterior attachments, but not without some loss of blood. An anterior and posterior peritoneal flap were outlined on the uterus, but on beginning to dissect them off, so much bleeding took place that a constrictor had to be applied to the uterus, and the attempt to remove the entire organ abandoned, on account of the poor condition of the patient. The uterus, with appendages, was amputated at the internal orifice. A wedge-shaped piece was removed from the stump and the flaps sutured together with silkworm gut. The peritoneum was sewn over it with sero-serous sutures. This left a small fibroid in front of stump. Abdomen closed with two rows of silkworm gut sutures.	None	Phlegmasia alba dolens.	Recovered.
5	Apr. 23	37	M	0	For one year had pain in abdomen, with sense of a hard body in pelvis. Had dysmenorrhea and menorrhagia during last three months, and was very nervous. Tumor, size of apple, was found by attending physician ten months ago. Specimen showed fibroid, size of large fist, growing from fundus, which was hard and white, and had a pedicle two and one-half inches in diameter. Several smaller fibroids were in wall of uterus. Ovaries and tubes were normal and the uterus itself only slightly enlarged.	1 year	None	Both	Median incision. The adnexa and upper part of broad ligaments were ligated with silk, and the uterus amputated at the internal os. A funnel shaped piece was cut from stump and the endometrium destroyed with the Paquelin cautery. Stump sutured with silkworm gut. The first layer in muscle and the second uniting peritoneum over it. The abdomen was closed with two rows of silkworm gut sutures.	None		Recovered.
6	Apr. 28	30	S	0	For ten years had pain during menstruation, constant backache and tenderness of lower abdomen. Was of an hysterical disposition. Uterus size of large fist, studded with fibroids of various sizes and kinds. Sizes varied from a pea to a hen's egg, one of the latter size being in posterior wall of fundus.	10 years	None	Both	Median incision. Operation was a typical supra-vaginal amputation of the uterus, with retroperitoneal treatment of the stump. Silk was used, except for stump, which was sutured with two rows of silkworm gut and the peritoneum united over it.	None		Recovered.
7	July 9	45	M	2	For six months had suffered with intense pains in abdomen and loins, which kept her in bed part of the time. A soft oval cysto-fibroma, size of a large fist, grew from posterior wall of uterus. Its surface looked much like that of a pregnant uterus. On incision many small compartments were found filled with yellow myxomatous material. Ovaries contained a few cysts the size of peas, otherwise normal.	8 months	Some	None	Median incision. An elastic ligature was thrown around uterus, and an attempt made to enucleate tumor, but it was found that the uterus was too extensively involved. So an anterior and posterior flap were dissected from uterus, after ligating and severing the upper part of broad ligaments, and the uterus amputated above the internal os. A conical portion was excised from remaining stump, and cavity sutured with silkworm gut, after cauterizing the canal. Peritoneal flaps were afterward stitched over the stump by sero-serous sutures. Abdominal incision closed in usual manner.	None		Recovered.
8	Aug. 13	51	M	0	For thirty years had had menorrhagia, and later also metrorrhagia and dysmenorrhea. Was treated by many physicians without avail. There was an intramural fibroid, size of a large orange in posterior uterine wall, and several submucous ones, varying in size from a small apple to a cherry.	30 years	Few	Both	Median incision. Broad ligaments ligated with silk and severed. The uterus was then amputated, after dissecting up two peritoneal flaps. The cervical canal was cauterized and a cone shaped piece excised. The stump was sutured with silkworm gut, and the peritoneum united over it with sero-serous sutures.	None		Recovered.
9	Nov. 7	39	M	3	Suffered from menorrhagia, metrorrhagia, and severe pelvic pain, aggravated by menses. Tumor, size of child's head, chiefly intra-mural, was composed of hard fibrous tissue. It was developed intraligamentously on left side. Adnexa normal.	1 year	Few	Both	Median incision. Tumor could be only partially lifted out of pelvic cavity. Peritoneum covering tumor was incised transversely across tumor, after ligating ovarian arteries, and stripped from tumor. A constrictor was put around pedicle and the uterus amputated at the internal os, and after cauterizing the canal and excising a cone, the walls of the stump were sewn together with silkworm gut sutures, and the stump covered with two peritoneal flaps, which were stitched to it with sero-serous sutures. There was considerable oozing from bed of tumor in left broad ligament. The incision in broad ligament was partially sutured, and the remainder stitched to the lower angle of the abdominal incision, thus placing the wound entirely extraperitoneal. The wound in broad ligament was tamponaded with iodoform gauze, and the balance of abdominal incision closed as usual	Yes		Recovered.
10	Nov. 29	45	S	0	Had constant sense of discomfort and pelvic pain, but was able to be up. Suffered from menorrhagia and dysmenorrhea. Uterus, with tumors, was size of a large child's head, and contained several protruding subperitoneal fibroids, varying in size from an apple to a hazel nut There were also several intramural and submucous ones. Left tube was filled with blood, and left ovary contained a small cyst.	Many y'rs.	Moderate	Both	Median incision. Tumor partly lifted out of pelvis, and silk ligatures placed across broad ligament outside of adnexa. Two peritoneal flaps were dissected from front and back of uterus and a constrictor applied. The uterus was then amputated; the uterine canal cauterized with Paquelin's cautery, and a cone excised The constrictor was gradually loosened, and the blood vessels in stump ligated. Stump was sutured with silkworm gut, and the peritoneum united over it with sero-serous sutures. Abdominal wall closed as usual.	None		Recovered.
11	Dec. 10	48	M	2	For five years menstruation had been profuse, and there was considerable white discharge, pain in left side, headache, bearing down feeling and inability to stand or walk. There were a number of small intramural uterine fibroids. Left ovary was the seat of a cystoma, size of a small apple.	2 years	Moderate	Both	Median incision. Infundibulo-pelvic and broad ligaments were ligated with catgut and silk, and the broad ligaments severed. An anterior and posterior peritoneal flap were dissected from uterus. Considerable bleeding took place, so a constrictor was applied and the uterus amputated. The stump was treated retroperitoneally. Abdominal incision was united as usual.	None		Recovered.

ENUCLEATION OF FIBRO-MYOMATA OF UTERUS.

	Date of Operation	Age	Married or single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
12	June 27	34	S	0	For years patient had pain when walking and constantly felt tired. Was treated for three years without benefit. There was an irregular pedunculated fibroid tumor, size of a child's head, growing from fundus of uterus, which, according to her physicians, had been growing rapidly lately; likewise two smaller fibroids. Right ovary was enlarged and contained some small cysts.	3 years	None	One	Median incision. Tumor was not adherent, so was pulled out of cavity without difficulty, cut off and the stump sewed with two rows of silkworm gut sutures. Two smaller fibroids were next excised and silkworm gut sutures inserted. Right ovary was removed. Abdominal incision closed as usual. Two Mikulicz tampons were inserted on account of bleeding from the uterus, and allowed to protrude through the lower angle of the incision.	Two Mikulicz tampons		Recovered.

DERMOID TUMORS OF THE OVARY.

	Date of Operation	Age	Married or single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
13	Jan. 27	28	M	2	Following last labor (six months ago) had fever for six weeks and some pain in back and pelvis. At this time noticed some swelling of abdomen. Right ovarian dermoid cyst. Left hydrosalpinx and small ovarian cysts. Chronic pelvic peritonitis.	8 months	Many	Both	Median incision. Dense adhesions between uterus and bladder, and between intestines and adnexa were severed. On right side dermoid cyst was removed together with tube. Left adnexa were also ligated and removed. Abdominal incision closed with two rows of silkworm gut sutures.	None	Patient had some dribbling of urine before and after the operation, which however finally ceased.	Recovered.
14	Apr. 25	45	S	0	Since menstruation began had menorrhagia and severe pain in left side of pelvis and back. Specimen showed dermoid, size of small orange, full of cholesterin and hair. At one place was a small oval tumor growing out from internal side of wall, covered with long hair. On incising base of this some irregular bony masses were felt. Left ovary slightly enlarged, due to some cysts. Uterus enlarged and consistence harder than normal.	Unknown	None	One	Median incision. Tumor brought into abdominal wound, and, together with tube, ligated and excised. In left ovary a blood cyst, size of hazel nut, was excised, and the incision united with silk. Small watery cysts were also punctured. Then, as ovary and tube seemed otherwise healthy, they were left. Abdominal incision closed with two rows of silkworm gut sutures.	None		Recovered.
15	June 16	27	M	0	For thirteen months had had pain in right side, sometimes radiating to left. Patient had considerable thick yellow discharge. She had been treated by another physician with galvanism, the negative pole in the uterus, for several months under the supposition that she had a fibroid. Patient menstruated once after this treatment was discontinued, then ceased for two months but had strong molimina. During this time she was massaged by a second physician for the enlarged left tube, but this gave her great pain, so she left him. Left ovary contained a small blood cyst. A hematosalpinx was present, but no trace of ectopic pregnancy was found. Right ovary was seat of a dermoid cyst, containing hair and cholesterin. Uterus enlarged.	13 months	Considerable	Both	Median incision. Left adnexa were separated from rectum and back of pelvis. During separation a tear was made through which a tarry material exuded. The left adnexa were ligated with heavy silk and removed. Right ovary was freed, ligatures passed as on left side and adnexa removed. Peritoneum of Douglas's pouch and back was extensively injured, so a ventro-fixation was done to prevent a subsequent fixation of the uterus in retrodeviation. Abdominal wound was closed with two rows of silkworm gut sutures.	None	July 2nd, seventeen days after operation, patient had pain in right side and headache. Temperature rose to 102° at times. Uterus size of small orange. A sound was forced through obstruction at internal os and several spoonfuls of tarry blood escaped, after which patient's symptoms were entirely relieved.	Recovered.

EXTIRPATION OF UTERINE APPENDAGES FOR OOPHORITIS, PERIOOPHORITIS, HEMATOSALPINX, HYDROSALPINX AND HYDROCELE OF THE OVARY.

	Date of Operation	Age	Married or single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
16	Jan. 3	23	S	0	Had pain in right side of pelvis for long a time. Had a fall in middle of November, since which time pain is much worse and radiates to vagina. Suffered from hemorrhoids. Menstration normal. Leucorrhea. Uterus in axis of pelvis, sinistroverted, anteposed. In the cul-de-sac was a resistance which was immovable, and only to be distinguished from uterus by its consistence. Tumor was fluctuating and elastic. To right of uterus was a mass the size of small walnut, harder than the above. Uterus slightly movable. There was a mass of blood in cul-de-sac posterior, partly organized and adherent to uterus, bowel and ovaries. In connection with it was the open abdominal ostium of right thickened tube. Tube was filled with blood. Ovary was not much enlarged. No fetus found.	6 weeks	Many	One	Median incision. Mass in cul-de-sac easily broken up and adhesions severed. Right tube and ovary ligated and removed. Wound closed with two rows of silkworm gut sutures.	None		Recovered
17	Mar. 21	41	M	5	Had leucorrhea for twelve years, which was offensive at times; also more or less headache, backache and general malaise. During last few days had pain in left side of the pelvis, aggravated by motion. Occasionally fainted. Right tube was enlarged, thickened and closed at the abdominal end. The ovary was enlarged and buried in adhesions. Broad ligament was traversed by veins size of leadpencil and was adherent to rectum.	12 years	Some	One	Laparotomy. Adhesions were broken and right adnexa, together with the upper part of broad ligament, ligated with silk and removed. Abdomen was closed with three rows of silkworm gut sutures.	None		Recovered
18	Mar. 23	24	S	0	On January 15th had a vaginal fixation performed for retroflexion, and a clamp and cautery operation for hemorrhoids Patient had suffered for five years with dysmenorrhea. Pain in side and back, constipation, vertigo and headaches, also had hemorrhoids. Vaginal fixation kept uterus in normal position, but did not relieve symptoms due to diseased left ovary, so laparotomy was performed. Left ovary about four times normal size with small cysts in stroma. Stroma was very dense and the tunica albuginea considerably thickened and opaque. Right ovary showed same changes to less extent.	5 years	None	One	Median incision. Left ovary and tube ligated and excised. The right was punctured and allowed to remain, as patient never had pain on that side. Abdomen closed with two rows of silkworm gut sutures.	None		Recovered
19	April 29	33	M	3	For two years had severe dysmenorrhea, pain in back and pelvis on exertion and severe headaches. Specimen showed a tubo-ovarian cyst of the left side, about the size of a hen's egg. When the cyst was incised the bloody contents of the tube emptied its if through the incision. The right tube was twice the usual length, otherwise normal. The proximal part of the left tube was normal, but the distal considerably dilated.	2 years	Moderate	One	Median incision. Left ovary and tube freed from adhesions, tied with silk ligatures and excised. Wound closed with two rows of silkworm gut sutures.	None		Recovered
20	May 7	20	S	0	Three years ago got an attack of pain in right side of pelvis, with fever, which kept her in bed for four weeks. On admission had dull aching pain in right side and was much run down in health. Right ovary size of English walnut; attached to its outer pole was a tumor size of pea, which looked like a fibroid. The microscope showed it was an accessory ovary. Left ovary contained small cyst.	3 years	Few	One	Median incision. The right adnexa freed, ligated with silk and excised. Some small cysts were excised from left ovary and some punctured with the Paquelin cautery. Wound closed with two rows of silkworm gut sutures.	None		Recovered
21	Sept. 8	30	M	0	Three months after marriage, thirteen years ago, fell and aborted. Since then had pain in pelvis and back and dyspareunia. Lately pain had increased considerably. Specimen showed two large hematosalpinges densely adherent to surroundings.	13 years	Moderate	Both	Median incision. Adhesions around adnexa were torn. Silk ligatures were applied around appendages of both sides, which were then excised, and abdominal wound closed with two rows of silkworm gut sutures.	None		Recovered
22	Sept. 25	40	M	0	For one year patient had had bearing down pain, severe dysmenorrhea, spasmodic pain in urethra and severe indigestion. Left tube was long, but permeable and movable. Left ovary enlarged and adherent to rectum. Right tube filled with bloody fluid, adherent to uterus and back, and formed one mass with ovary, which was very friable.	1 year	Many	Both	Median incision. Broad sheet like adhesions were torn, or ligated and cut, between rectum and uterus. This was done only with great difficulty and some loss of blood. Adnexa were ligated with silk and removed. On account of oozing a Mikulicz tampon was inserted for forty eight hours. Abdominal wound, except lower end, closed with two rows of silkworm gut sutures.	Mikulicz tampon for forty-eight hours.	Abscess formed around stump, that required incision and removal of ligatures,	Recovered.
23	Sept. 27	21	S	0	Since puberty had dysmenorrhea and constant pain in back and left side. Had frequent headaches and suffered from dyspepsia. Had been treated for a long time by different methods without benefit. Right ovary was kidney shaped, size of large English walnut, and contained a number of small cysts, one containing blood. Left ovary kidney shaped, half size of right, also contained small cysts.	10 years	Yes	Both	Median incision. Some sheet like adhesions around adnexa broken, and adnexa ligated with silk and excised. Abdominal wall closed with two rows of silkworm gut sutures.	None		Recovered.

	Date of Operation	Age	Married or single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
					ABDOMINAL SECTION FOR ATRESIA OF CERVIX WITH HEMATOMETRA.							
41	Mar. 7	18	S	0	Had never menstruated, but had had regular menstrual molimina and complained of constant headache and dyspepsia. Patient made the impression of being a normally developed woman. On vaginal examination finger could only be introduced about two inches, when the vagina ended abruptly and no cervix could be felt. Uterus strongly anteverted and corpus well developed. Ovaries apparently normal. On October 30, 1894, an incision was made in the top of vagina and the bladder and rectum separated up to the very small cervix, which was about two inches above the blind ending. The cervix was imperforate. An incision into cervix was made, and soon an open uterine canal found, and a sound introduced six cm. In attempting to dilate canal, the thin wall of the uterus was ruptured on the right side. So wound was packed. Later, on endeavoring to introduce a sound into the uterus, it frequently slipped into the false passage. Patient did not menstruate in spite of active uterine cramps, that finally were almost continuous. So on March 7th, a laparotomy was done with the view of ascertaining whether the ovaries were really normal, and of making uterine canal pervious. No attempts were made to pass obstruction per vaginam, as introduction of septic material was feared from the granulating vagina,	3 years	None	None	March 7th—Laparotomy. Ovaries and tubes found normal, body of uterus enlarged. An incision was made through fundus and a thin sound forced through into the vagina. A quantity of dark blood escaped and was caught on gauzes, then a thick sound with eye near the point was introduced through the opening in fundus and the cervical canal. Sound was withdrawn armed with silkworm gut, by means of which a glass stem-pessary was introduced into uterus. Then a ventro-fixation was done, and the abdominal wall closed with two rows of silkworm gut sutures, except where uterus was perforated. A strip of auze was introduced where uterus was perforated, and the vagina tightly packed.	Vaginal and Abdominal	Next day the point of a uterine irrigator was inserted into uterine canal and left. March 9 — Abdomen was closed and the vagina repacked. March 10 — Uterine irrigator could be introduced to fundus without trouble. March 11 — The smallest uterine irrigator was introduced to nozzle and left there. March 12 — Uterus was irrigated. After this the patient was treated daily, the canal being gradually dilated. Patient subsequently menstruated.	Recovered.
					INCISION OF PARATYPHLITIC ABSCESS AND VENTRO-FIXATION FOR RETROVERSION.							
42	Mar. 23	23	S	0	Patient had pain in the back for a long time. More recently had sharp attacks of pain in right iliac fossa, with rise of temperature. Attending physician stated that she had had several attacks of appendicitis. She was confined to bed. Paratyphlitis and a retroverted adherent uterus.	1 year	Yes	None	Median incision. Adhesions binding down uterus were broken, ventro-fixation performed, and incision closed with three rows of silkworm gut sutures. A mass above and outside of cecum was not attacked from median incision, on account of danger of pus escaping into abdominal cavity. After an incision was made laterally from it. and the adhesions around cecum torn, some pus escaped. The appendix was found healthy. A Mikulicz tampon was inserted in wound, and incision partially closed.	Mikulicz tampon	Two days later the dressing was changed and tampon removed, when about 30 c. c. of an offensive, purulent fluid escaped. A rubber drainage tube was inserted and wound dressed daily.	Recovered.
					B. Other Capital Operations.							
					VAGINAL HYSTERECTOMY.							
43	Jan. 17	52	M	2	Came to hospital nineteen months ago and was told she had a cancer and advised to undergo an operation. Had no pain at any time. Cancer of cervix and a small fibroid in back of fundus.	Over 19 months	Few	None	An incision around cervix was made and the posterior cul-de-sac opened. The peritoneum and vagina were sutured together with silk. Heavy silk ligatures were thrown around both arteriæ uterinæ. Uterus was retroverted, and mass ligatures inserted around balance of the broad ligaments. The uterus was then removed.	Per vaginam	Stitches removed January 30th.	Recovered.
44	May 20	40	M	7	Since last confinement had considerable leucorrhea, bearing down feeling and pain in back. Prolapse of uterus and vagina. Left ovary size of an English walnut. Right ovary contained cysts size of pigeon's eggs. Fibroid in posterior wall of uterus size of walnut.	Since last confinement.	Moderate	One	A V-shaped incision was made with its apex below urethra and its base just above the cervix. This flap was dissected up. A smaller flap was pared off the posterior vaginal wall. The cul-de-sac of Douglas was opened and the peritoneum sutured to vagina with fine catgut. The anterior cul-de-sac was then opened and the broad ligaments ligated with heavy silk and severed. The left ovary was freed and removed, and a cyst in the right broken.	None		Recovered.
45	June 17	52	M	4	For two years had had some metrorrhagia. For one year considerable white discharge, sometimes yellowish. June 12th was curetted and a portion of the uterus removed for examination under microscope, which showed it to be cancer of the cervix.	2 years	Many	One	Incision around cervix was made, the bladder pared back and the peritoneum opened. The peritoneum was sutured to vaginal wall with fine catgut sutures. The cul-de-sac posterior was treated in the same manner. Bleeding was rather free Arteriæ uterinæ were ligated with heavy silk, and other silk ligatures were thrown around portions of the broad ligaments, but on account of bleeding some clamps were applied The uterus was then removed together with right ovary; the left one was allowed to remain. Vagina was packed with iodoform gauze. Clamps were removed after forty-eight hours.	Iodoform gauze for vagina.		Recovered.
46	Nov. 22	50	M	....	Fourteen years ago an ovarian dermoid had been removed by laparotomy. On admission she had a complete prolapse of uterus and vagina, also a large ventral hernia in the old scar.	14 years	None	One	Vaginal hysterectomy with resection of vagina (Fritch's method) was performed with silkworm gut sutures for the vagina and silk for the broad ligaments.	Vaginal with iodoform gauze.	Compare case No. 37	Recovered.
					NEPHROTOMY FOR PYELO-NEPHRITIS AND CALCULI.							
47	June 6	26	S	0	Over a year ago had a large calculus removed from right kidney. After this was quite free from pain for considerable time. On admission had pain in left kidney, and blood and pus in the urine. Urine showed a sediment of pus from 10 c. c. to 25 c. c. in the 500 c. c. Daily amounts of urine from 500 to 1900 c. c. Phosphates sometimes present, but no gravel. Patient was considerably emaciated, did not weigh 100 lbs.	1 year.	None	None	Lumbar incision from twelfth rib vertically downward through muscular tissues. Kidney appeared the size of fist, and to facilitate the operation the twelfth rib was resected and incision extended to the eleventh Several fluctuating spots in lower pole of kidney were incised and a large amount of pus mixed with fine calculi evacuated. No large calculi could be felt, so cavity was irrigated with boric acid, the edges of abscess stitched to skin and cavity packed with gauze. The patient's condition was very low when taken from table.	Iodoform gauze	On evening of same day considerable discharge of urine soaked through the dressing. There were 400 c. c. of urine per catheter during first twenty-four hours. Second day a flexible probe introduced into abscess cavity located a large stone, which could not be extracted in spite of repeated attempts on account of narrow passage. Several pieces were broken off, when the stone slipped back and a gush of pus occurred. On account of considerable bleeding from the kidney no further steps were taken, the case being dressed as before. Patient was dressed daily, but died on the fourth day from uremia. Post mortem examination—Right kidney was size of fist, movable and close to median line in epigastrium. In it was a cyst three inches in diameter, containing clear fluid, and a stone the size of a pea. The left kidney was in normal place, but enlarged, elongated and congested; kidney structure was mostly destroyed by multiple abscesses, and pelvic calyces were much dilated. At the inner part of kidney was an irregular and hard stone with sharp corners. There were several small stones in the pelvis and cloudy swelling of kidney substance. Both kidneys showed the evidence of parenchymatous and interstitial nephritis.	Died.
					ENUCLEATION OF FIBROIDS OF UTERUS.							
48	Aug. 6	41	M	1	For thirteen years had had some whitish discharge, and menstruation was free. In 1890 was operated on elsewhere, for complete laceration of perineum. Following this she had bearing down pains and a sense of pressure in rectum. March, 1895, she was curetted, and an attempt made to break adhesions around uterus and ovaries. A clamp and cautery operation was done for hemorrhoids. There was a small fibroid in fundus of uterus, and right ovary was prolapsed and adherent. The uterus was adherent to back.	24 years	Many	None	A transverse incision above cervix was made (after curetting uterus); the uterus pulled down, and the bladder dissected from it. A small fibroid of fundus was enucleated and its bed obliterated with silkworm gut sutures. Strong adhesions to fundus and around adnexa were broken. The uterus was sutured to vaginal wall.	None	Sept. 23—Pelvic organs were normal, excepting a slight enlargement of the uterus.	Recovered.
49	Oct. 17	38	M	1	Had pains in pelvis, back, and sides since puberty. Menstruation was profuse, and patient had pains prior to period. Suffered from dysparunia. Right ovary was size of English walnut (was not removed); uterus was enlarged; several small fibroids of uterus, size of peas, were excised.	20 years	Moderate	Right tube	Curetting. Longitudinal incision of anterior vaginal wall; bladder dissected back, and adhesions at the back of the uterus and adnexa broken. A tear in right broad ligament gave rise to considerable bleeding, which necessitated the removal of tube and suturing of rent. Several small fibroids were excised. The arteriæ uterinæ were tied en mass with double silkworm gut sutures. Vaginal fixation was then performed, and vaginal incision closed with silkworm gut.	None		Recovered.
50	Nov 20	34	M	1	For twelve years had flowed nearly every two or three weeks very freely. Patient was pretty anemic. Had been curetted three times, but always had recurrence of hemorrhages. Sometimes patient flowed for three months at a time. Uterus was enlarged Four years ago a small fibroid in the anterior uterine wall had been diagnosed which apparently had not grown since.	12 years	None	None	Curetting. Vaginal celiotomy with longitudinal vaginal incision; enucleation of the fibroid and obliteration of its bed with silkworm gut sutures; ligation of arteriæ uterinæ, and vaginal fixation.	None		Recovered.
51	Nov. 27	35	M	3	Had constant pain in head and back and bearing down feeling. Was unable to stand or walk. Several small intra-mural fibroids were present, size of pigeon's eggs. Uterus was retroflexed and adherent.	1 year	Present.	None	Curetting. Deep vulvo-vaginal incision to get more room. Vaginal celiotomy with longitudinal incision. Two sub-peritoneal fibroids were enucleated and their beds obliterated with catgut. Several small ones were destroyed with the Paquelin cautery. Vaginal fixation and suture of perineum were done with silkworm gut	None		Recovered.
					REMOVAL AND RESECTION OF UTERINE APPENDAGES FOR OOPHORITIS, PERIOOPHORITIS AND CYSTS.							
52	Sept. 20	21	M	2	Had had pains in left side and back, with headache, bearing down feeling and dysmenorrhea for years. Left ovary was enlarged to size of English walnut and contained a number of small cysts.	4 years	Present	1 resected	Curetting. Longitudinal vaginal incision; separation of bladder from uterus and opening of peritoneum. Bullet forceps were inserted into uterus, gradually pulling fundus out through the vaginal incision. Posterior adhesions which had held the uterus retroflected were broken. A portion of left ovary was excised, and some small cysts punctured with a Paquelin cautery. A vaginal fixation was done, and the wound sutured with silkworm gut.	None	All symptoms of the patient were completely removed by the operation.	Recovered.
53	Oct. 3	30	M	2	For seven years patient had had pain in right side and dysmenorrhea, at times so bad as to necessitate the use of morphin. No treatment had benefitted her. Uterus was retroflexed, enlarged and adherent and the cervix hypertrophic. Ovaries prolapsed and adherent. Right ovary contained some small cysts.	7 years	Present	1 resected	Same as No 52, except that ovary was sutured with catgut, and an amputation of cervix, anterior kolporrhaphy and kolpo-perineorrhaphy were performed.	None		Recovered.
54	Aug. 11	35	M	1	Had been ailing some five years, and had been treated for headache, backache, pain in right side of pelvis and hemorrhoids. Retroversio uteri; prolapsus ovarii dextri, cysta ovarii; hemorrhoides.	5 years	None	None	Curetting. Transverse vaginal incision below bladder. Separation of bladder from uterus and opening of peritoneum. A few adhesions around right adnexa were broken and a cyst of right ovary ruptured. Vaginal fixation was done and wound sutured with silkworm gut. Clamp and cautery operation for hemorrhoids.	None		Recovered.
55	Sept. 2	25	M	2	For two years had constant pain in left side, increased upon exercise Had been treated for a long time. Left ovary was considerably enlarged, prolapsed, adherent and very tender to pressure.	2 years	Some	One	Vaginal celiotomy with longitudinal incision. Bladder was pared back and fundus uteri and ovaries pulled through incision into vagina. After breaking the adhesions around left ovary, the left adnexa were ligated with heavy silk and excised. Uterus was replaced by traction on cervix, stitched to anterior vaginal wall with silkworm gut sutures and incision closed with same material.	None		Recovered
56	Sep. 26	33	M	2	Since abortion seven years ago had considerable headache, bearing down feeling, and at times severe pain in left side of lower abdomen. Left ovary was enlarged, prolapsed, adherent and tender. There was also a descensus of anterior and posterior vaginal walls.	7 years	Moderate	One	Curetting of uterus A longitudinal vaginal incision was made and bladder pared back. There was profuse parenchymatous bleeding, which delayed the operation considerably and necessitated the use of several ligatures. The peritoneum was opened and the left ovary and tube brought into incision, ligated with silk and removed. Incision closed with silkworm gut and anterior kolporrhaphy and kolpo-perineorrhaphy performed.	None	Recovery delayed by exudation around stump.	Recovered.
57	Oct. 25	26	S	0	Since first period had had very severe dysmenorrhea, with much reflex stomach trouble, vertigo, etc. Uterus retroflected and adherent to intestines. Right ovary enlarged and adherent.	8 years	Present	1 cauterized	Curetting. Vaginal celiotomy, with longitudinal incision and pulling the fundus into vagina. Severing of adhesions and right ovary and uterus. Small cyst of right ovary punctured with Paquelin cautery. Uterus was then replaced and vaginal fixation done. Bleeding from uterine wall gave some trouble. Wound closed with silkworm gut sutures.	None		Recovered.
					REMOVAL OF PYOSALPINX FOLLOWED BY HYSTERECTOMY.							
58	Sep. 13	21	S	0	Three months before entering hospital had an abortion performed, since which time did not feel well. Complained of considerable purulent discharge and pelvic pains. On July 25th she was curetted for purulent endometritis. Distal half of right tube was enlarged, and ovary was size of large walnut and very friable. The tube contained blood and pus. Left tube was smaller than right, but also contained blood and pus. Uterus was somewhat enlarged, and on incising its horns small purulent foci, size of peas, were found in its wall.	3 months	Many	Both	Longitudinal incision and bladder dissected back. Fundus of uterus pulled into incision with bullet forceps and many adhesions behind uterus broken. Next, right tube and ovary were loosened with some difficulty, brought into incision and tied with silk. Its attachments, except to uterus, were severed. The left were treated in same manner. The broad ligaments were then ligated and uterus with adnexa removed. The longitudinal vaginal incision was closed with silkworm gut and vagina packed with iodoform gauze.	Iodoform gauze by vagina	Specimens showed that had the uterus not been removed, the purulent foci would have given rise to much trouble Patient made a perfect recovery.	Recovered.

	Date of Operation	Age	Married or single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
24	Oct. 15	31	M	1	For nine years had had pain in right side of pelvis and back. In August had a hemorrhage from uterus lasting two weeks. Dense adhesions between intestines, adnexa and uterus. Left ovary, size of hen's egg, contained a blood cyst. Left tube long, slightly enlarged, especially distal end, and the abdominal ostium was occluded. Right tube same as left.	9 years	Many	Both	Median incision. Breaking of dense adhesions, with only slight loss of blood. Right tube ligated with catgut and silkworm gut, left with catgut. Adnexa were then excised. The large vessels in stump were ligated separately with fine catgut. A ventro-fixation was done on account of raw peritoneal surface of cul-de-sac. Wound closed with two rows silkworm gut sutures.	None		Recovered.
25	Dec. 5	41	M	4	Illness began suddenly with severe cramps in lower abdomen, accompanied by severe tenesmus. She then began to flow slightly, but continuously. Had not skipped a menstruation and had no pain when lying quietly. Right tube thick as a small banana, and ruptured near abdominal ostium. Free blood in peritoneal cavity and small hematocele in pelvis. Left tube normal, but ovary enlarged and surrounded by adhesions.	1 month	Present	Both	Median incision. Blood in peritoneal cavity sponged out. Adnexa ligated with catgut and silkworm gut, after separating adhesions around them. They were then excised. In separating the posterior adhesions of uterus some bleeding took place, which necessitated a Mikulicz tampon. Abdominal incision closed with two rows silkworm gut sutures.	Mikulicz tampon.		Recovered.
26	Dec. 11	22	M	0	For two years had had considerable pain in side and back, also leucorrhea. Her menstruation was somewhat irregular and painful. Right ovary size of walnut, prolapsed and full of small cysts. Left ovary smaller, but contained a few small cysts.	2 years	Present	One	An attempt was made to remove enlarged ovary per vaginam. There was considerable venous bleeding, but after some trouble the fundus of uterus was pulled through vaginal incision and adnexa palpated. They were so densely adherent that it was deemed dangerous to remove them per vaginam on account of hemorrhage. So an abdominal incision was made, and after breaking adhesions, the right adnexa were ligated with silkworm gut and catgut and excised. The left ovary was cauterized with a Paquelin cautery. Abdominal wound closed with two rows of silkworm gut sutures. Later a fistula formed, leading down to right stump, which healed afterwards.	None		Recovered.
27	Dec. 31	26	S	0	For five years had had severe cramps, beginning before menstruation and lasting through it. Menstruation was irregular. Lately had constant pain in back and left side. Left ovary was descended, size of English walnut, and contained a number of small cysts in its stroma. Right ovary slightly enlarged and contained a few cysts.	5 years	Few	One	Median incision. Descended left ovary was ligated with catgut and removed. The right was punctured with Paquelin cautery. Abdominal wound closed with two rows of silkworm gut sutures.	None		Recovered.
28	May 14	32	M	2	Patient was a robust looking woman, but very nervous. For three weeks had burning pain in back and pelvis, which was worse on exertion. There was a right oöphoritis and perioöphoritis, a large hydrocele of the left ovary, and a third ovary on the left side, size of a white bean.	3 weeks	Many	Both	Median incision. Adhesions around adnexa were torn or cut; left adnexa ligated together with larger part of broad ligament, and excised with cyst wall. Cyst had ruptured during handling and about 500 c. c. of clear fluid escaped. Then right adnexa, together with a small body, the size of a white bean, that was later examined microscopically and pronounced a third ovary, appeared and were ligated with silk and excised. During handling some bloody fluid escaped, which was caught on gauzes. A ventro-fixation of the uterus was then done and the abdomen closed with two rows of silkworm gut sutures.	None	Patient got acute mania after operation and was removed to an asylum. The local condition was perfect.	Recovered.

EXTIRPATION OF UTERINE APPENDAGES FOR PYOSALPINX AND OVARIAN ABSCESS.

29	Feb. 27	30	M	0	For five years had had pain in right side of pelvis and back; headaches, vertigo and nervousness. Menstrual flow was irregular and accompanied with slight pain. Leucorrhea. There were two large pyosalpinges and a right ovarian abscess.	5 years	Dense	Both	Laparotomy. Adhesions around adnexa and uterus broken with considerable difficulty, then the adnexa were ligated with heavy silk and excised. A Mikulicz tampon was inserted and the abdominal wound closed with a double row of silkworm gut sutures, excepting at lower angle. The Mikulicz tampon was removed after forty-eight hours.	Mikulicz tampon.	There was a slight sero-sanguinolent discharge from the wound, which in a few days became purulent. Some time later several silk sutures were removed. Wound healed over and patient was sent home on trial, but returned several months later, the fistula having reopened. Several silk sutures were removed with a dull curette.	Recovered.
30	Mar. 14	40	M	0	For one month had had pain in right side and back, bowels were loose and patient vomited considerably. March 20, 1894, patient had had laparotomy performed by Dr. Vowinckel for a dermoid cyst of left ovary, from which she made a perfect recovery. Tube was long and as thick as a thumb and contained pus, there was also an ovarian abscess the size of a walnut.	1 month	Present in large numbers.	Right removed on this occasion, left previously.	Laparotomy. Right adnexa were densely adherent. Adhesions were severed carefully, some pus escaped from tube, but was caught on gauzes. The tube and ovary were then ligated with silkworm gut and excised. On account of escape of pus, a Mikulicz tampon was inserted into pelvis. The site of previous operation looked very well. There were a few adhesions between omentum and abdominal incision. Abdominal incision closed with two rows of silkworm gut sutures.	Mikulicz tampon.	Pain and stomach trouble entirely disappeared.	Recovered.
31	Mar. 5	29	M	0	Patient had lost much blood during the last two and a half weeks. Had constant pain in back and loins. Was curetted Feb. 20th, at which time the left tube was found enlarged, also the left ovary. The tube was long and tortuous, the uterine end about the thickness of a pencil, and the abdominal as an English walnut. Ovary size of English walnut, and densely adherent to the tube, which contained thin pus.	3 weeks	Numerous	One	Median incision. On opening the peritoneum a small amount of serous fluid escaped. Left adnexa were separated from rectum and surroundings with some difficulty. During separation some pus escaped from abdominal ostium, but was caught by means of gauzes. Ovary and tube were ligated with catgut. A small cyst of right ovary was ruptured, leaving it normal in size. Abdomen was closed with two rows of silkworm gut sutures.	None		Recovered.
32	Mar. 18	19	M	0	Pain for two months in pelvis, radiating to back, which was aggravated on exertion. Pain has been worse during the last few weeks. Menstruation was irregular and painful, and patient had had considerable white discharge. Patient had been curetted on March the 12th. There was a right ovarian abscess the size of an egg, and a pyosalpinx the thickness of a thumb, densely adherent to one another. On the left side was a tortuous pyosalpinx, the thickness of a lead pencil. Ovary contained a small cyst.	2 Months	Dense	Both	Laparotomy. Adhesions were broken around adnexa. On the right side some pus escaped from ovarian abscess, but was caught on gauzes, and opening in abscess wall clamped. Right adnexa were ligated with silkworm and catgut, left with catgut exclusively. Abdomen closed with three rows of silkworm gut sutures.	None	One week later fluctuation was detected in right side of pelvis. Pus escaped spontaneously from the abdominal incision. Abscess cavity healed in four weeks.	Recovered.
33	April 11	26	M	0	Had been flowing almost daily for two months. Had high fever. Since ill had pains in pelvis, which were very severe. A fluctuating mass in the cul-de-sac was aspirated on March 24th and two ounces of bloody fluid withdrawn. Right ovary was the size of a large apple and filled with pus; the left tube was very long, dilated, and its abdominal end open. It was filled with a blood clot. No particles of fetus found.	2 months	Very dense	Both	Laparotomy. Uterus and adnexa were glued together by adhesions. These were broken with difficulty and the right ovary isolated. This was ligated with silkworm gut and excised, together with the tube. While handling the ovary it broke and some pus escaped which was caught on gauzes. After removing the ovary, the left adnexa were isolated and silkworm gut ligatures applied as usual. The abdominal cavity was closed with two rows of silkworm gut sutures, except lower angle, where room was left for the two Mikulicz tampons, which were inserted.	Mikulicz tampons	Two days later the abdominal tampons were removed and a quantity of ill smelling pus escaped. Wound was irrigated daily with salt solution. Nov. 12th.—Abdominal sinus remaining was curetted and packed with gauze after the abdominal opening had been enlarged. Nov. 20th.—Patient left hospital against advice with an abdominal fistula.	Recovered
34	April 16	45	M	0	For five months had pain in pelvis, back and abdomen. Patient had a discharge of about two litres of pus from rectum three months ago, according to her physician's statement It continued daily in considerable quantity until one week before entrance to hospital, and was accompanied by considerable pain. The left tube was about the thickness of a finger and densely adherent to surroundings. Ovary was about twice its normal size. The tube contained a turbid watery fluid. The right tube was as thick as a small banana and contained bloody fluid. The ovary was enlarged and the right broad ligament about the thickness of a finger. All the pelvic organs were strongly adherent to one another. No free pus, or opening into rectum found during the operation.	7 months	Many	Both	Laparotomy. Adnexa were freed from adhesions and the left ligated and excised. During excision some tubal contents escaped, which were caught on gauzes. The right tube was then ligated with silkworm gut and excised. The uterus was freed from adhesions and a Mikulicz tampon inserted on account of some oozing from to n adhesions. The abdominal incision was closed with two rows of silkworm gut sutures, except where tampon protruded.	Mikulicz tampon.	Patient's condition was excellent until the fourth day, the temperature not having risen above 100° and pulse not above 84. She had no pain and seemed cheerful. Then one ounce of castor oil was given her, which only caused cramps, so five hours later another half ounce was given. Before second dose was given, the nurse, without orders, gave a glycerine enema. After which the temperature began to rise and continued to rise to 104.6°, when she died, ten hours after the cathartic was given. Patient had been taken to the surgery at 3 P. M. and a considerable quantity of thin feces, under some tension, escaped from opening left by tampon, that had been removed the day previous. The cavity was washed out with 6-1000 salt water solution. Patient died two hours later. P. M. examination by Dr. Spencer showed peritoneum injected, fresh adhesions over the convexity of liver and considerable amount of sero-pus around it. Intestines were injected and pus was found in deeper lying pockets of the peritoneal sac. Stump of removed tissues on either side of the uterus was surrounded by fresh adhesions and was free from pus. Spleen was small and flabby. Dense adhesions and considerable ecchymosis in cul-de-sac. There was a marked fecal odor at a point two centimetres from lowest part of cul-de-sac. On the colic reflection of peritoneum there was a communication through the sigmoid flexure, the thickness of a lead pencil. Seen from the interior of the intestine it was funnel shaped and showed radical cicatricial contraction. Diagnosis—acute general peritonitis.	Died
35	Nov. 26	21	S	0	Since an abortion had fever, pain in pelvis, back and head and offensive discharge from the vagina. Left ovary size of small English walnut and contained small cysts. Tube was thick, especially at the outer end, and contained pus and blood. Its mucous membrane was thickened and raised in ridges. Right ovary was similarly affected, but smaller than left; tube was thick as a pencil and filled with pus.	7 months	Many	Both	Median incision. Left tube and ovary freed from adhesions, during which process a few drops of turbid fluid escaped. They were then tied off with catgut and excised. The same was done on the right side, except that a small piece of the ovary was left.	None	Jan. 6th.—An infiltration size of small orange in right side of pelvis. Feb. 23d.—Under massage treatment the infiltration is rapidly disappearing.	Recovered

ABDOMINAL SECTION FOR VENTRAL HERNIA.

36	April 4	54	M	2	Patient's present trouble was a painful ventral hernia following a laparotomy performed January 4, 1894, for pyosalpinx of left and hydrosalpinx of right side. Patient's condition being critical, the abdomen was closed with one row of sutures, and the removal of uterus for carcinoma postponed. January 6th, 1894, vaginal hysterectomy was performed. Patient left perfectly well and there is no recurrence at present date.	Unknown	Yes		Scar of the previous operation excised and sheath of the recti muscles opened. The wound was then sutured with silkworm gut, the first layer going through the recti muscles, the lower layer of the fascia and the peritoneum; the next through the fascia superficial to the muscles; then one through the fat, and lastly a layer through the skin and the superficial subcutaneous tissue.	None		Recovered.
37	Dec. 18	Over 50	M	0	Had ventral hernia following laparotomy fourteen years ago.	14 years	Few	None	Excision of scar of old laparotomy. Some lipomata of omentum, which were adherent to scar, were excised. Wound was sutured with silkworm gut. The first layer was inserted through recti muscles and peritoneum; the second through the overlying fascia; the third through fat and fascia, and the fourth through skin and subcutaneous tissue. The hernia contained exclusively omentum.	None	Myositis of recti muscles above incision that disappeared in two weeks without suppuration.	Recovered.

EXPLORATORY INCISION.

38	Feb. 2		M	1	Had an abortion six months after her confinement, nine months ago. Several days later had severe chills and pain in left side. January 24th uterus was enlarged, tender and immovable. Going from left horn could be felt a sausage shaped mass curving to the front, left and then back, the thickness of a finger. This mass was densely adherent to the uterus. In Douglas' cul-de-sac was an elastic resistence, the size of an orange. Above and to the right of it was a hard resistence extending to the anterior superior spine. Patient was anesthetized, a fluctuating tumor behind uterus aspirated and a clear, blood tinged fluid found. Various treatments were applied for two months with only slight benefit.	6 months	Dense	None	Exploratory laparotomy. Mass on right side covered by adherent intestines and left side of pelvis also to less extent. As it was feared that these adhesions formed the walls of an abscess it was thought advisable to close the abdominal walls with a view to draining abscess by the vagina later. Wound was closed with two rows of silkworm gut sutures.	No drainage		Recovered.
39	Aug. 26				Patient very much emaciated and had painful hard tumor in right hypochondrium the size of a child's head. Percussion over it gave tympanitic sound. No ascites or icterus.		Some	None.	Exploratory incision parallel with and two inches below the lowest right rib was made and revealed cancer of the liver, so incision was closed with silkworm gut sutures.	None	Patient died six days after from exhaustion. Post mortem examination revealed enlarged liver containing many cancerous nodules. There was no sign of inflamation. The transverse colon covered lower border of the liver.	Died.
40	Nov. 2	60	M	3	Had bladder trouble for many years, but only severe for last three. Three years ago had some irregular chills and fever. Then pus appeared in urine periodically and this has continued ever since. Sometimes feces and gas passed through bladder. Patient was anemic. Coming from the pelvis an irregular hard tumor could be felt, extending to the middle point between navel and symphysis and somewhat to right of it. Combined examination showed tumor to be the size of a large child's head. It was immovable, distinctly separable from the pelvic walls, but not from the uterus (which was atrophic and retro-sinistroverted). Bladder capacity was small. It contained gelatinous masses and pus that could not be removed by irrigating. The communicat on between bladder, bowel and tumor is opposite the urethra. Diagnosis. Suppurative cystoma of right ovary, discharging into bladder. Vesico-intestinal fistula. Chronic peritonitis. Chronic nephritis.	Acute since 3 years.	Dense	None	An attempt was made to attack the tumor from vagina, but was abandoned on account of the immobility of the uterus. Abdominal incision beginning just above symphysis and extending upward was made. Then the insertion of left rectus muscle was cut across. While attempting to enter cyst, the peritoneal cavity was slightly opened and a finger introduced to explore the mass. The peritoneal incision was sutured and the balance of wound packed with iodoform gauze.	Yes	The patient had refused to have a laparotomy performed for the removal of the mass, so she left the hospital unimproved.	Recovered.